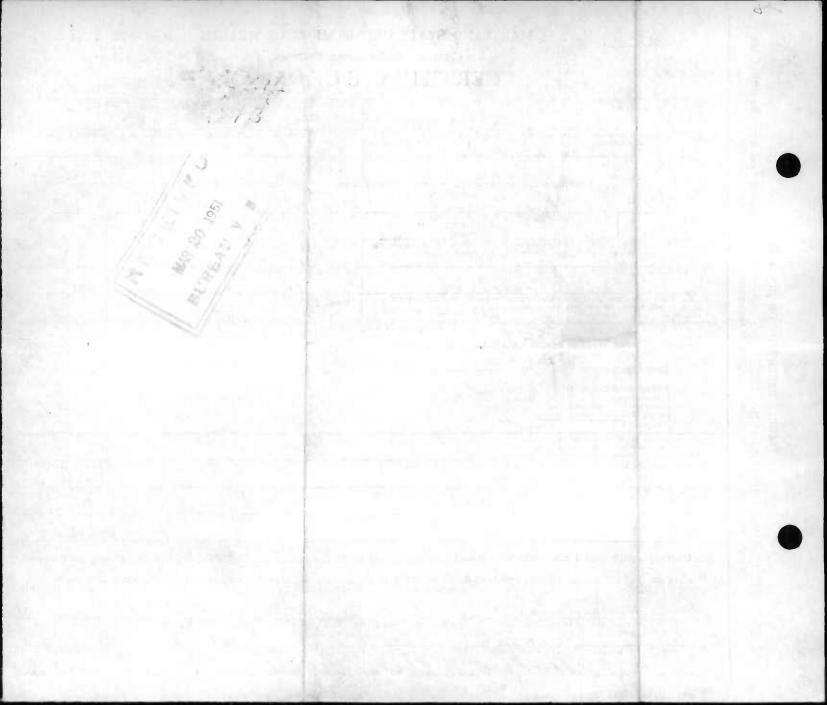
# The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

02493

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Leci/ MARYLAND	md. cec	, /
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN (In this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main SF	STREET (If rural give location) ADDRESS Main S	
3. NAME OF (First) (Middle) (Type or Print) / Obert + Lee	Alderson DEATH Marc	(Day) (Year) 4 /6 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) /na/Cied	8. DATE OF BIRTH   9. AGE last birthday   If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  (armach fer	II. BIRTHPLACE (State or foreign country) /   12	CITIZEN OF WHAT
13. FATHER'S NAME  Alderson	14. MOTHER'S MAIDEN NAME	Lov
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 214-14-5-24)	17. INFORMANT  Mina Alderson	Boyd
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma	osis due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Carcinoma	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m.   INJURY OCCURRED Not While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19.50, to March 1619 51, that I last s	aw the deceased
alive on Maxch(6, 19.54., and that death occurred at(Degree or title)	ADDRESS from the causes and on the date sta	ted above. DATE SIGNED
Wallace Oleenshain MP	Cecillan, and me	10/10/
Bureal (Specify) Warsh 19.1851 (Ocillor	RY OR SREMATORY LOCATION (Otty, town, or count	Ikk.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR CONTROL MILLIONS Mills	LUSTER NA
	5702	16



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 96

		OBJETH TOTAL	DOI DEILL	keg. Dist. No	)
I. PLACE OF DEAT COUNTY	Cecil		2. USHAL RESIDENCE (H	nsylvania COUNTY	Y
CITY (If outside	corporate limits, write RUR	MARYLAND AL and   LENGTH OF STAY		ite limits, write RURAL and give	
OR give neares	t town) Perry Poir	it (in this place)	TOWN Wi	lliamsport	re nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRI	OR Veterans Adm	inistration Hospit	al ADDRESS 729	(If rural, give location) Elmira Street	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JOHN	N.	AULT	DEATH March	16 1951
Male Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	May 23,1892	9. AGE last birthday   If under Montha	Days Hours Min.
	PATION (Give kind of work working life, evon if retired)	10h. Kind of Business on Industrigial Company	Pennsylva	r foreign country)   12	COUNTRY?
13. FATHER'S NAI		Taper Company	14. MOTHER'S MAIDEN		0011
	John B. At	ult - Deceased	Eva Nicely	- Deceased	
	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes Yes	(If yes, give war or dates of service) WW T	None	Hospital Record	ds, VAH, Perry Po	int. Md.
		18. MEDICAL CE			
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Y	- was and a mana	1 1:0000	ONOBE AND DEATE
Immedia	te cause (a)	Hypertensive cardi	o-vascular rena.	L QISEASE	
Antecede	ent cause(s)	A hus l Autonioso	1		
TYX Diseases or	conditions, if any, (b)	Cerebral Arterioso	terosis	00000000000000000000000000000000000000	
atating the	to the above cause underlying cause last				
13/a	(c)	Arteriosclerosis,	generalized		
Conditions contrib	TCANT CONDITIONS outing to the death hut not ase or condition causing deat	h			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 19 No []
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY)	(STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	TIR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cer	tify that X attended the	e deceased from Sept. 24	, 150 , to March	16, 1951, 2000000000	POSSOS GAS PAR
2000000000	COOCOCOCOCOCO	d that death occurred at 4	:25 Am from the	causes and on the date at	ated shows
SICHARRE	ann	d that death occurred at4	ADDRESS	causes and on the date su	DATE SIGNED
E. P. BE	RANNON, M.D. Ch.	ief. Professional	Services VAH. Po	erry Point. Md.	3-16-51
23. BURIAL, CREM REMOVAL (Spe	MATION   DATE THERE	NAME OF CEMETER	Services VAH, Por OR CREMATORY LO		(State)
Remova J			24 FUNERAL DIRECTOR	Williamsport, Pa	ADDRESS
REG. / 16.	051 2	5 10 4	Mano Fr	was I done	490 4
10001-11	731.016	The state of the s	Page Funeral Ho	105 50 000	11 Liamsport
			rage Puneral Ho	me, 125 E. 3rd St.	Tiplamsholf

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

S. A15-A



VS. A15

The correct age

02495

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Cecil MARYLAND	STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR give nearest town) Perry Point 1 mo. this piacys	TOWN South Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospi	STREET (If rural, give location) tal DDRESS 3424 - 9th Street
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) PAUL L.	BARNES   OF March 6 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED MUTTERS, (Specify)	S. DATE OF BIRTH  9. AGE last birthday  1 under 1 year  1 under 24 hrs.  57 yrs.  1 under 1 year  1 under 24 hrs.  4 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Police Captain  10b. Kind of Business of Industry.  Municipal - DC	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Tennessee USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Barnes - Deceased	Jennie Yagen - Deceased
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
ves service) www 1 None	Hospital Records, VAH, Perry Point, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pneumonia, bronchi	al, bilateral 3 to 4 days
Antecedent cause(s) Diseases or conditions, if any, (b) Pyelonephritis, bi	
52 giving rise to the above cause last carcinoma of the b	pladder with metastasis to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	of 188
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
plan can can can can and gain (400 gain	Yes of No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. White at Not White Work At work	
VA 22. I hereby certify that Kattended the deceased from Feb. 2	, 19 51, to March 6, 19 51 x 1000 000 000 000 000 000 000 000 000
Simple or title)	4:55 P.m., from the causes and on the date stated above.  ADDRESS  DATE SIGNED
6 manno	
E.P. BRANNON, M.D. Chief. Professional So	ervices, VAH, Perry Point, Md. 3-7-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Removal 3-7-51 Removal	Bardine Location (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2.1957	24. FUNERAL DIRECTOR ADDRESS
hard 1, 121 ourse maked	TACOMOLE BUNDON THE COLOR OF TH
	HYSONG'S FUNERAL HOME, 1300 N.St., N.W. Wash.DO

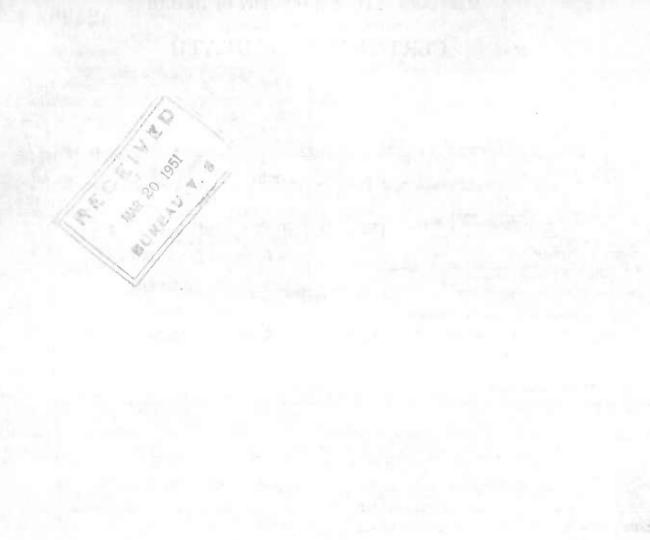
MR 10 1951 BUREAU V, 1

2411 N. Charles Street, Baltimore

02496

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0 .1
Cec11 MARYLAND	IND	occe
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR Give near Enterwhon Charles of Carlot Stay S	CITY (II outside corporate limits, write RURAL and six OR TOWN MARKET OF TOTAL	East Ruz
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Harry	Burns DEATH O	13 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIOOWED.	7 20 1868 82 yrs.	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work Regularization of Business or Regularization of Suring Historical Indiana of Mrg		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Burns	Sarah ALEXANDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no or unknown) (If yes, give wer or dates of service)	Mrs Rhoda B. Tyson	
18. MEDICAL CEI	RTIFICATION	The Paris
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DRATH
Immediate cause (a) Pulmoua	y Edema	24 415
Discount of Conditions is only	otic Heart Disease.	10 years
giving rise to the above ceuse stating the underlying cause last		
(c) Arterioseleroti	a Gangrene both big toes	1 broutle
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not	7 - 7	
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		L an Allmongue
	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home Varm factory, street,	(CITY OR TOWN) (COUNTY)	Yes No Z
21. ACCIDENT (Specify) PLACE (Home (Varm Acetory, street, OF office bldg., etc.) INJURY	(CITTOR IDWN) (COUNTY)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While et Not While	HOW DID INJURY OCCUR?	
OF INJURY  m.   While et   Not While   Work   At work		
22. I hereby certify that I attended the deceased from Hay	, 19.46, to 13 March 19.51, that I last s	aw the deceased
alive on 13 March 1951, and that death occurred at	P.m., from the causes and on the date st	ated above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Blaus H Jucher M.D.		6 March 51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (SCIIV) 2 17 1951 Bay View	Methodist   North Fast Rer	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIBECTOR	ADDRESS
REG. Max 16 Hotrager	Joseph R Grant North East N	arvland
	1010	
	6903	46



### CEDTIFICATE OF DEATH

age	MARYLAND STATE DEPARTMENT OF HEALTH (124	97
ect a	CERTIFICATE OF DEATH	
The correct	FOR MEDICAL EXAMINERS Reg. Dist. No.	98
	1. PLACE OF BEATH- COUNTY  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED STATE STATE  MARYLAND	exil
efully gibly.	CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR give nearest town)  OR O	e starest town)
n care	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	7
matio arly a	3. NAME OF DECEASED TEXT (First) (Middle) (Leat) 4. DATE (Month) OF	(Day) (Year)
Supply every item of information carefully. write the causes of death clearly and legibly.	5. SEX 7. COLOR ORTRICE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday If under Months (Specific Property 7 - 1/-1867 83 1, yrs.	I year   If under 24 hrs. Days   Hours   Min.
of dea	done during book of working the, even if recised INDUSTRY	GUNTRY OF WHAT
auses	13. FATHER'S NAME Callalian. 16. MOTHER'S MAIDEN NAME .	
ly eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of service)   17. INFORMANT	
Supp	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
INK. please	703 7 Immediate cause (a) Suoda	
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	9
ADII. ysicia	stating the underlying cause last (c)	
UNF t. Ph	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No No
Y. W y imp	21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING Deficiency of the plant of the pla	is ma.
VINL	TIME (Month) (Day) (Year) (Hoss) INJURY OCCURRED While at Not while Not work at work Well On Floor in With	ringhame
WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my	from the evidence opinion resulted
RITI	from: natural causes , accident suicide , homicide , undetermined .  SIGNATURE (Dogress or titla) APDRESS	DATE SIGNED
	23. BUBIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count	
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS,
Δ,	REG. Mar 12 Al Frage H. W. Pel find of Some Elke	on, md

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VS. A15A

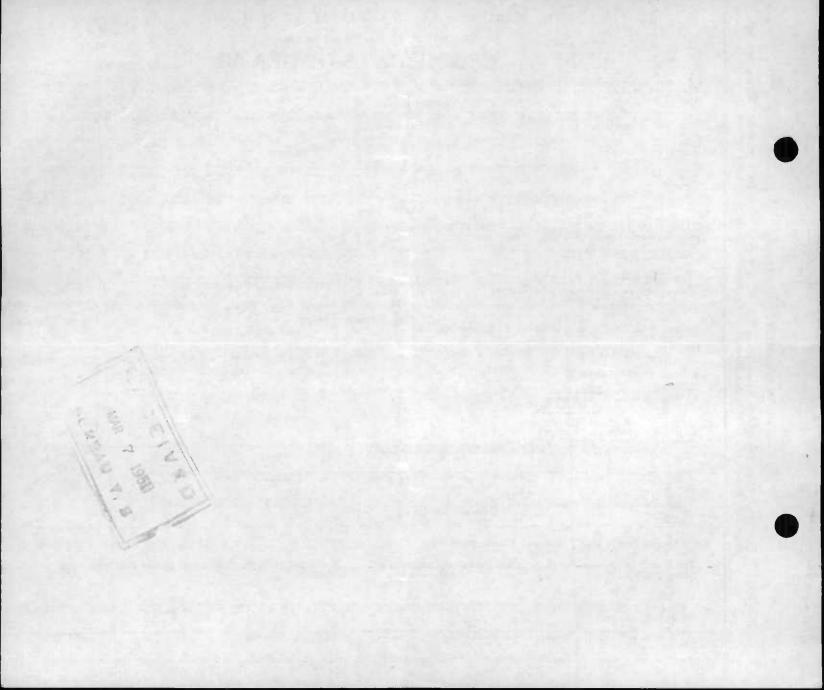


2411 N. Charles Street, Baltimore

### Street, Baltimore 02498

#### CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY OR give nearest lown)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural, give location)
STREET ADDRESS / 2 2 1 From Stuf	19 W-H-1
3. NAME OF DECRASED (First) (Middle) (Type or Print) (A + 2.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH HEAL 5 1957
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.  Aug 20 1859 9 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11 SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	11. MOTHERS MAIDEN NAME & + +
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17 INFORMANT AND ADDRESS
Service) Mone	Summer & Justilians
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	me/mennua
450.0 Antecedent cause(s)	Cartain An Dear
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	run seceriores
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
24 ACCUMENTO (Consider) I DY ACTO (IV.	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from JA5	, 1950, to 32 4, 1957, that I last saw the deceased
alive on 3 - 4 , 1967, and that death occurred at	3m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	NAMES DATE SIGNED DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify)  NAME OF SEMEZER	Y OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG 3/4/1-1 & MINONIMUM SON	I Honor Heft rand Sine Pe
1 6	



VS. A15A

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

/		
1. PLACE OF DEATH COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	il
CITY (If outside corporate limits write RURAL and LENGTH OF STAY (in this crown TOWN)	CITY (If or side corporate limits, write RURA) and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHIVON HOSPITAL	STREET (If rural, give location)	
3. NAME OF DECEASED (A + (Figst) FRINE (Type or Print) A + H FRINE	DORSEY. OF BEATH 3	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED WILD DYSOLE,	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during mound working lifes even it relies to houstry	11. BUTHPLACE (State or former country) 12.	CITUEN OF WHAT
13. FATHER'S NAME OF REY.	HONOR Sliedle	en:
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, gt) of unknown)   (If yes, give war or dates of service)	Willow Hop. Record	ls.
18. MEDICAL CE	RTIFICATION	. Head Liverson
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	tie Pneumoria	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	MC MEW MUNICA	
903, 7Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	e Pet hip & forolapse	3 40 11 01 June 10 10 10 10 10 10 10 10 10 10 10 10 10
186 a stating the underlying cause last (c) of reclient		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No A
21. EXTERNAL CAUSE WAS PRIMARY AND CONTRIBUTING  CAUSE OF DEATH.		estle Del.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Mylie at Not while INJURY 2 14 5 m.   INJURY OCCURRED work at work at work	Fellie nursingle	ome.
<ol> <li>I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐, accident X, suicide ☐, homicide ☐,</li> </ol>	ased died on the dry stated above, and death in my	from the evidence opinion resulted
SIGNATURE Consider (Degree or title)	ADDRESS Sure Sul.	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR GREMATORY LOCATION (City, town, or count,	y) (State)
DATE REC'D BY LOCAL   REGISTRARIS SIGNATURE	24. VINERAL DIRECTOR	ADDRESS
REG. Mar 5 H Jrazer	7. July and middle	ours,
	720 8	26 000



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#### 02500

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

			0		
Rou	Diet	Na	9	2	

1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Puson
CITY (If queride errors to thats, write RURAL and LENGTH OF STAY OR give cears that the Control of the control	CITY (If outside corporate limits, write RUKAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR WIND Hobital	STREET (If rural, give iocation) ADDRESS	1
3. NAME OF DECEASED (Type of Print) ELMER. (Middle)	LARE TA OF DEATH 3	(Day) (Year) 12 1951
6. SEX 6. COLOR OR RACE 7. SYNGLE, MARRIED, WIDOWED, DIVIDICED,	8. DATE OF BIRTH 9. AGE last birthday If under Months Months	l year   If under 24 hrs. Days   Hours   Min.
done during most film of any the even if retired to the first or the first of the f	11. BERTHPLACE (State or foreign gountry) 12	CITIZEN OF WHAT
13. FATHER'S NAME information	14. MOTHER'S MAIDEN NAME Clobre	The .
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unknown) (17) security of area of 220-18-742	17. INFORMANT OF Records	۲.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	laces the lace 00	ONSET AND DEATH
Immediate cause Fracture	vecke of opputer.	***************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	bone porteur	
(c)		No.
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OF The blue farm, factory, street,	(CITY OR FOWN) (COUNTY)	Yes No X
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	me me
INJURY 3 11 3 m.   work   at work	The amount of the	
22. I certify that I took charge of the remains described above, held an I obtained by said Autopsy, Inspection of Inquiry, find that said decentary from: natural causes □, accident □, suicide □, homicide □,	Autopsy [], Inspection [], Inquiry [] thereon and a used died on the day stated above, and death in my undetermined [].	from the evidence opinion resulted
SIGNATURE (Degree or title)	ADDRESS . Jacob Sand	DATE SIGNED
23. HURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	CRY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
REMOVAL (Specify) March 19,1951 Eldreth	General Shound	Jenn.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 19 J. J. L.	24. EUNERAL DIRECTOR	ADDRESS
The state of the s	11. The light starte	with freeze



VS. A15

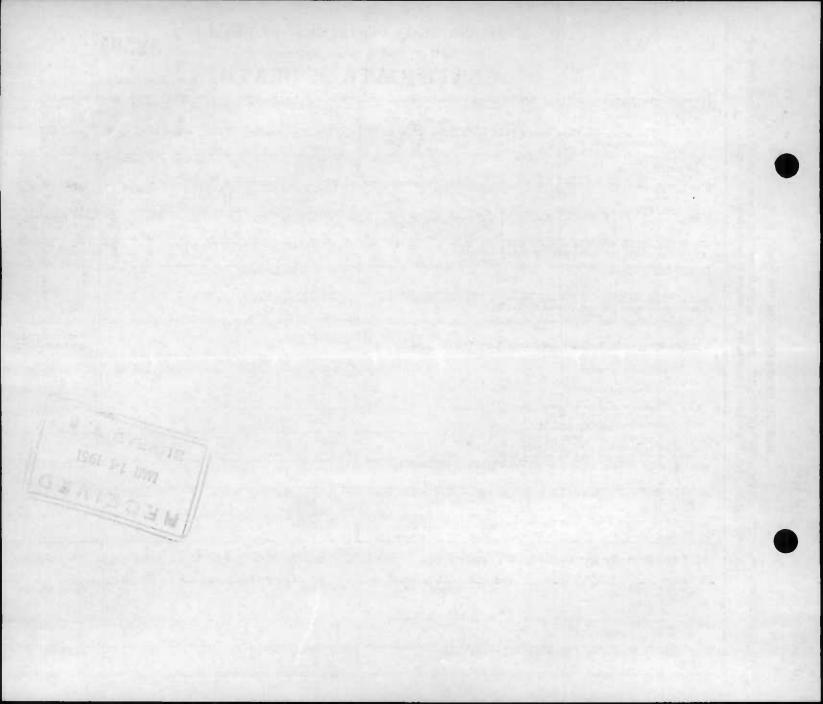
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02501

### CERTIFICATE OF DEATH

		· ·
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	Ria
COUNTY COCC MARYLAND	Mariland	wece
CITY (If outside corporate limits, write RURAL and OR give nearest town) COTY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOS IN THE	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	_(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Such	Green DEATH March	10 1917
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ANDUSTRY		CITIZEN OF WHAT
13. FAPHER'S NAME Pacine.	Monther's MAIDEN NAME	nond_
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Miss nettre E. Holly Hovrede	Grace mil
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
R	1 ( - )	4
Immediate cause (a)	no faneumona	V121611-17
Antecedent cause(s)		
Diseases or conditions, if any, (b)	7	***************************************
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		04 04 00 00-00:000 000000 00000 00000 00000 00000 00000
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes 🗆 No 🔯
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
41.	2 mil 1 march 14 mil	
22. I hereby certify that I attended the deceased from Lela 2	1130	
alive on Co	ADDRESS	ted above. DATE SIGNED
Obulford W. Spreake	nuo Elbon, had do	40/10-51
23. BURIAL, CREMATION DATE REMOVAL (Specify)  Mrv. 13/51  NAME OF CEMETE REMOVAL (Specify)	Elkton	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
Mar 1 & 11 Jugar	How i uppen I som Class	m, ma
	11111111	



350808

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFIC	ATE OF DEATH Reg. Dist. No. 92
1. PLACE OF DEATH- COUNTY COULD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Cecl
CITY (If outside corporate limits, write RURAL and OR give nearest town)  OR give nearest town.	ee) OR TOWN Elblon
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 Homewald	STREET (If rural give location) ADDRESS 2/9 H
3. NAME OF (Eirst) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year OF DEATH March 24 195
5. SEX  6. COLOR OR RACE  7. SENGLE, MARRIED, WIDOWED, DIVORC (Specify)	20 1510 81817 (2 yrs. ) 115
done during most of working life, even if retired)  10b. Kind of Busines  INDUSTRY	nother Elpton Maryland Country a
13. FATHER'S NAME Michael IV astenett	Hannah Coller
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of lecrvice)	John J. Hartnett Ir.
18. MEDIC.  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Pulmon	on Edema 1day
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	hemonlage 7628.5.
tating the underlying cause last (e)  II. OTHER SIGNIFICANT CONDITIONS	nel boscular
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATI	Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, a OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 1926, to May 24, 1957, that I last saw the deceased
alive on May 24, 1957, and that death occurred SIGNATURE (Degree or title)	at 744 A m., from the causes and on the date stated above.  ADDRESS  DATE SIGNED
23. BURIAL GREMATION ) DATE THEREOF   NAME OF CE	METERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) March 27.1988 Janna	culoto Conception Elpton Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Mar V6	24. FUNERAL DIRECTOR ADDRESS AUTOMOTIVE Son Ellion, Mal

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

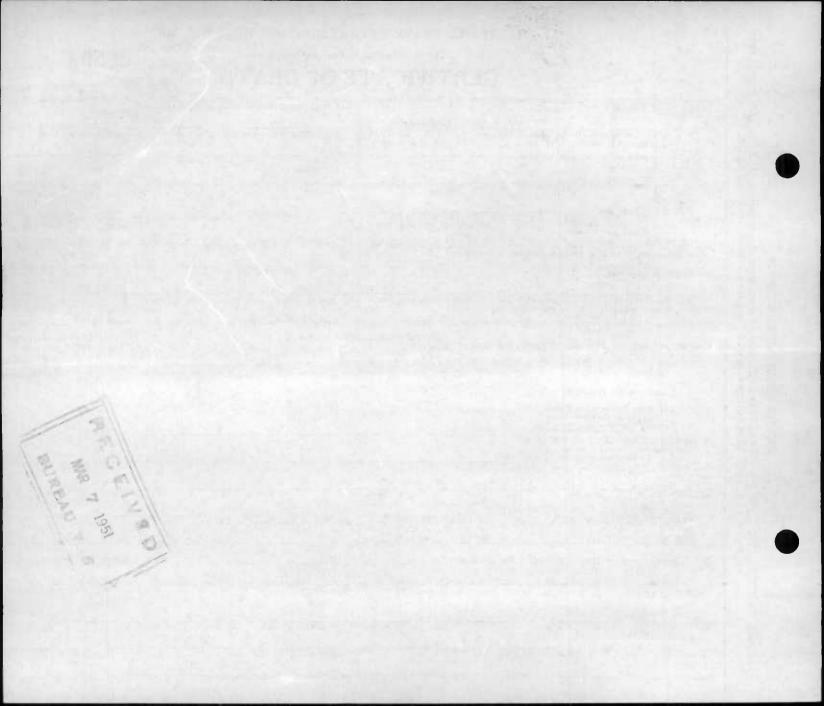
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2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

/ ODKI II TOTT	B OI BISIL III Reg. Dist. No	•
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Cecil.
CITY (If outside corporate limits, write RURAL and OR give nearest town)  (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Amon Hospital.	STREET ADDRESS 234 W. Mass of	
3. NAME OF DECEASED (First) (Middle) (Type or Print) (APLES HENRY	Ho Y 4. DATE (Month) OF DEATH MOY	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year   If under 24 hr Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY To BUSINESS OR	Tendingville Fa	COUNTRY! OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Miller	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	Though to Bounds Ellito	mil
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Intestin	abtuilin	1 week
15/X Antecedent cause(s)	1 H. start it retains	340000
Hele Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	The state of the s	1
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 1	20. AUTOPSY?
Stere 1948 Coccume of paron	life of storment	Yes No T
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, faffi, fact fry, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from M. and	, 1948, to Mural, 19.5, that I last sz	
alive on 11 M. 19.5.1., and that death occurred at SIGNATURE (Degree or title)	ADDRESS  How May Ly	ated above.  DATE SIGNED
REMOVAL (Specify) Mr. 4/51 Claton	RY OR CREMATORY LOCATION (City, town, or count,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Mar 3 H. Trager	24. FUNERAL DIRECTOR Son Elk	ADDRESS MIL
	763-6	,99



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

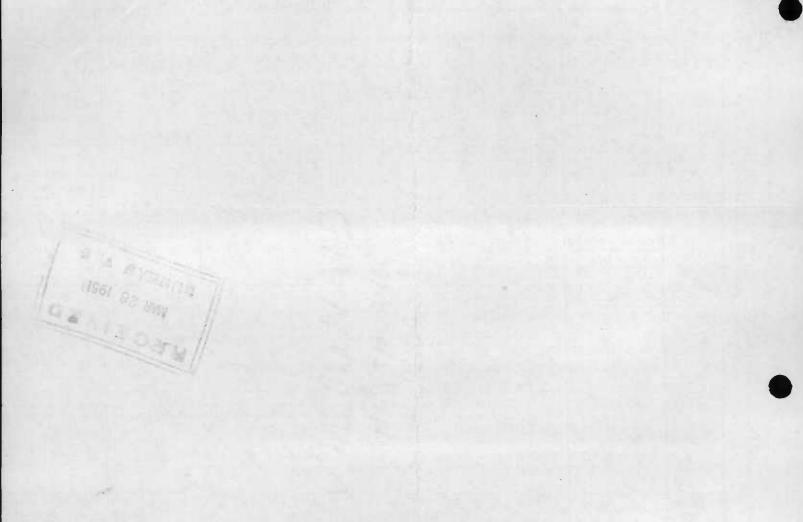
MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

02504

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

FOR MEDICAL	EXAMINERS Reg. Dist. No.	)
1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE	eil
CITY (If Outside corporate limits, write RURAL and CR with hearest town)  OR with hearest town)  TOWN  (in this place)	CITY (I) outside corporate limits, write RURAL and give OR TOWN AND TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) ANN ELLEN	FNKINS 4. DATE (Month)	(Day) (Year) 22 1967
6. SEX 7. 6. COLOR OR RACE 7. SINGLE MARRIED. WIDDWED DIVORCED WIDDWED DIVORCED	78. DATE OF BIRTH 9. AGE last birtbday If under Months	I year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of york 10b. Kind of Business on done daying mean of working life, every lived to the live users.		COUNTRY OF WHAT
13. FATHERIS NAME tou kesbett	14. MOTHER'S MAIDEN NAME	ly.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If yes, give war or dates of service)	Mrs. Walter Buela	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. +1	ONSET AND DEATH
Immediate cause (a) Coronal	ry monwores	* ************************************
420.   Antecedent cause(s)	eles mais	
94\alpha Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		LECT. D
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(000111)	(SIRIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m.	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and	from the evidence
from: natural causes Z, accident , suicide , homicide ,	undetermined [].	
SIGNATURE (Degree or title)	ABDRESS WAR GREEN MILLS	2-23-57
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OB CREMATORY   LOCATION (City, town, or count	
Education 3/25/1951 West note	inglan Colora Cecil	md.
Mil 24-1954 2717 Tolker atm	A. FUNERAL DIRECTOR M Reed	A COMMENT
		10



The correct age

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02505

#### CERTIFICATE OF DEATH

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE		
COUNTY	Cecil	MARYLAND	STATE Mar	vland COUNTY	Y
CITY (If outside c	orporate limits, write RUR.		CITY (If outside corpo	rate limits, write RURAL and giv	re nearest town)
OR give nearest	orporate limits, write RUR. town) Perry Point	2mo. 9 days	II OP	timore	
HOSPITAL OR	TOTTY TOTTE	ZIIIO. 7 days	STREET	(If rural, give location)	
YNTOMYMYTMY AND AL	R Veterans Adm	inistration Hospit		Pierce Street	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JAMES	D.	JONES	DEATH March 19	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday   If under	
Male	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Saparated	July 21181895	Months	Days   Hours   Mln.
-	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country) 12	CITIZEN OF WHAT
done during most of w	(orking life, even if retired)	INDUSTRY -Church	Virginia		COUNTRY?
13. FATHER'S NAM	anitor	-onurch	1 14. MOTHER'S MAIDER		USA
19. FAIRENS NAM					
	Saundens Mo		MariahuJ.	ones	
(Ves. no. or unknown)	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	IT. INFORMANT AND		
Yes	(If yes, give war or dates of lacrvice) WW I	None	Hospital Record	ds, VAH, Perry Poir	nt. Md.
		IS. MEDICAL CE			
I DISPASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
i. Diseases on oc	ADITIONS DIRECTED	LEADING TO DEATH			ONSET AND DEATE
Immediate		Pneumonia, bronch:	ial, bilateral		
Immediate	e cause	, , ,			
605 X Anteceder	it cause(s)	Urethral obstruct:	ion		
Discourse of	conditions, If any, (b)	oreginat opportuct.	TOIL		
		*******		*************************************	*************************
36 giving rise to	the above cause	***************************************		**************************************	* ** ** *** *** *** ** ** *** *** ***
36 giving rise to	the above cause inderlying cause last	***************************************			. 10 00 00 00 00 00000 00 00 00 00 00 00
36 Je giving rise to stating the u	the above cause inderlying cause last	Cystitis, acute &	chronic		
giving rise to stating the u	c the above cause inderlying cause last  (c)  CANT CONDITIONS  ting to the death but not	Cystitis, acute & Renal obstruction	chronic n bilateral due	to the	
giving rise to stating the u	c the above cause inderlying cause last  (c)  CANT CONDITIONS tiling to the death hut not so or condition causing deat	Cystitis, acute & Renal obstruction Cystitis & Ure	chronic n bilateral due	to the	
giving rise to stating the u	c the above cause inderlying cause last  (c)  CANT CONDITIONS tiling to the death hut not so or condition causing deat	Cystitis, acute & Renal obstruction	chronic n bilateral due	to the	20. AUTOPSY?
giving rise to stating the u  11. OTHER SIGNIFI Conditions contribu related to the disea  19a. DATE OF OPE	content above cause inderlying cause last (c)  CANT CONDITIONS thing to the death hut not so or condition causing deat (CANTION 19h. MAJOR F	Cystitis, acute & Renal obstruction Cystitis & Ure INDINGS OF OPERATION	chronic n bilateral due thritis		Yes 🔀 No 🗆
II. OTHER SIGNIFI Conditions contributed to the disease.  19a. DATE OF OPE.	content above cause inderlying cause last (c)  CANT CONDITIONS thing to the death hut not so or condition causing deat (CANTION 19h. MAJOR F	Cystitis, acute & Renal obstruction Cystitis & Ure FINDINGS OF OPERATION	chronic n bilateral due		
giving rise to stating the u  11. OTHER SIGNIFI Conditions contriburelated to the disea.  19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death hut not so or condition causing death RATION 19h. MAJOR F.  (Specify) PLA OF INJU	Cystitis, acute & Renal obstruction b. Cystitis & Ure INDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)	chronic n bilateral due thritis (CITY OR	TOWN) (COUNTY)	Yes 🔀 No 🗆
giving rise to stating the u  11. OTHER SIGNIFI Conditions contribute related to the disease 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month)	che above cause inderlying cause last  (c)  CANT CONDITIONS taling to the death hut not see or condition causing death RATION 19h. MAJOR F  (Specify) PLA	Cystitis, acute & Renal obstruction b. Cystitis & Ure FINDINGS OF OPERATION CE (Home, farm, factory, street, office hldg., etc.) INJURY OCCURRED	chronic n bilateral due thritis	TOWN) (COUNTY)	Yes 🔀 No 🗆
giving rise to stating the u  11. OTHER SIGNIFI Conditions contriburelated to the disea. 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death hut not so or condition causing death RATION 19h. MAJOR F.  (Specify) PLA OF INJU	Cystitis, acute & Renal obstruction b. Cystitis & Ure INDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)	chronic n bilateral due thritis (CITY OR	TOWN) (COUNTY)	Yes 🔀 No 🗆
II. OTHER SIGNIFI Conditions contribu- related to the diseas 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	che above cause inderlying cause last  (c)  CANT CONDITIONS sting to the death hut not as or condition causing death RATION 19h. MAJOR F  (Specify) PLA OF INJU  (Day) (Year) (Hour)	Cystitis, acute & Renal obstruction b. Cystitis & Ure- FINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.) RY  INJURY OCCURRED While at Work At work	chronic n bilateral due thritis (CITY OR THOW DID INJURY OC	TOWN) (COUNTY)	Yes No (STATE)
II. OTHER SIGNIFI Conditions contribu- related to the diseas 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	che above cause inderlying cause last  (c)  CANT CONDITIONS sting to the death hut not as or condition causing death RATION 19h. MAJOR F  (Specify) PLA OF INJU  (Day) (Year) (Hour)	Cystitis, acute & Renal obstruction h. Cystitis & Ured INDINGS OF OPERATION  CE (Home, farm, factory, street, office hidg., etc.) RY  INJURY OCCURRED While at Not While	chronic n bilateral due thritis (CITY OR THOW DID INJURY OC	TOWN) (COUNTY)	Yes No (STATE)
11. OTHER SIGNIFI Conditions contribute related to the disease 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certifications at the state of the sta	cothe above cause inderlying cause last  (c)  CANT CONDITIONS taling to the death hut not see or condition causing death RATION 19h. MAJOR F  (Specify) PLACOF INJUCTIONS (Day) (Year) (Hour)  (In the pattended the set of	Cystitis, acute & Renal obstruction b. Cystitis & Ure PINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)  RY  INJURY OCCURRED While at Not While Work At work  e deceased from Jan. 10	chronic n bilateral due thritis (CITY OR HOW DID INJURY OC	county)	Yes No (STATE)
11. OTHER SIGNIFI Conditions contributed to the disease of the conditions o	cothe above cause inderlying cause last  (c)  CANT CONDITIONS taling to the death hut not see or condition causing death RATION 19h. MAJOR F  (Specify) PLACOF INJUCTIONS (Day) (Year) (Hour)  (In the pattended the set of	Cystitis, acute & Renal obstruction b. Cystitis & Ured FINDINGS OF OPERATION  CE (Home, farm, factory, street, office hidg., etc.) RY  INJURY OCCURRED While at Not While Work At work  e deceased from Jan. 10 d that death occurred at	chronic  h bilateral due thritis  (CITY OR  HOW DID INJURY OC  1951, to March 3:57 a.m., from the	county)	Yes No (STATE)  (STATE)
11. OTHER SIGNIFI Conditions contribute related to the disease 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certifications at the state of the sta	cothe above cause inderlying cause last  (c)  CANT CONDITIONS taling to the death hut not see or condition causing death RATION 19h. MAJOR F  (Specify) PLACOF INJUCTIONS (Day) (Year) (Hour)  (In the pattended the set of	Cystitis, acute & Renal obstruction b. Cystitis & Ure PINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)  RY  INJURY OCCURRED While at Not While Work At work  e deceased from Jan. 10	chronic n bilateral due thritis (CITY OR HOW DID INJURY OC	county)	Yes No (STATE)
giving rise to stating the u  11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certification of the state of	cothe above cause inderlying cause last  (c)  CANT CONDITIONS ating to the death but not see or condition causing death factors are conditioned in the condition causing death (Specify)  (Specify)  (Specify)  (Specify)  (PLA OF INJUIT  (Day)  (Year)  (Hour)  (Ify that Mattended the condition causing death (Augusta)  (Specify)  (S	Cystitis, acute & Renal obstruction Cystitis & Ure Findings of Operation  CE (Home, farm, factory, street, office hidg., etc.)  CIEY  INJURY OCCURRED  While at Not While  Work At work   deceased from Jan. 10  d that death occurred at (Degree or title)	chronic  h bilateral due thritis  (CITY OR 1)  HOW DID INJURY OC.  1951, to March 3:57 a.m., from the ADDRESS	COUR?  19, 151, Macobases and on the date sta	Yes No (STATE)  (STATE)  AND
giving rise to stating the u  11. OTHER SIGNIFI Conditions contribute related to the diseat 19a. DATE OF OPE  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certification of the contribute o	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJU  (Day) (Year) (Hour)  (The property of the pro	Cystitis, acute & Renal obstruction b. Cystitis & Ure FINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)  INTURY OCCURRED While at Not While Work At work  e deceased from Jan. 10  d that death occurred at (Degree or title)  Professional Serv	chronic  h bilateral due thritis  (CITY OR  HOW DID INJURY OF  1951, to March 3:57 a.m., from the ADDRESS	COURTY)  COURTY  19, 151, MACODISCO	Yes No (STATE)  (STATE)  (STATE)  (STATE)  (STATE)  (STATE)
giving rise to stating the u  11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certification of the state of	che above cause inderlying cause last  (c)  CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJU  (Day) (Year) (Hour)  (The property of the prop	Cystitis, acute & Renal obstruction. Cystitis & Ure Findings of Operation  CE (Home, farm, factory, street, office hidg., etc.)  RY  While at Not While Work At work  e deceased from Jan. 10  d that death occurred at (Degree or title)  Professional Service And Control of Cemeter Fig. 100 Manual C	chronic  h bilateral due thritis  (CITY OR  HOW DID INJURY OC  1951, to March 3:57 a.m., from the ADDRESS  Vices VAH, Perr	COUR?  19, 151, Exceptions of causes and on the date state of the causes are caused as a cause of the causes are caused as a cause of the cause	Yes No (STATE)  (STATE)  (STATE)  (STATE)  (STATE)  (STATE)
giving rise to stating the use	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Spe	Cystitis, acute & Renal obstruction b. Cystitis & Ure FINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)  IN OF CEURTED While at Not While Work At work  e deceased from Jan. 10 d that death occurred at (Degree or title)  Professional Service NAME OF CEMETER Baltimore N	chronic  h bilateral due thritis  (CITY OR 1)  HOW DID INJURY OF THE ADDRESS  VICES, VAH. Perrey OR CREMATORY  Jational	COUNTY)  COUR?  19, 151, MacDongoon causes and on the date structure.  V Point. Md.  LOCATION (City, town, or count Baltimore. Md.	Yes No (STATE)  (STATE)  ANOTHER STATE  Ated above. DATE SIGNED  3-21-51  y) (State)
giving rise to stating the u  11. OTHER SIGNIFI Conditions contriburelated to the disease 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certification of the state of the sta	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Spe	Cystitis, acute & Renal obstruction Cystitis & Ure FINDINGS OF OPERATION  CE (Home, farm, factory, street, office hldg., etc.)  IN OFFICE (Home, farm, factory, street, office hldg., etc.)  Office hl	chronic  h bilateral due thritis  (CITY OR 1)  HOW DID INJURY OC.  1951, to March 3:57 a.m., from the ADDRESS  VICES VAH. Perry OR CREMATORY  VICES VAH. Perry OR CREMATORY  VICES VAH. PERPORE CREMATORY  VICES VAH. PE	COUNTY)  COUR?  19, 151, PRODUCCE  causes and on the date sta  y Point, Md.  LOCATION (City, town, or count  Baltimore, Md.	Yes No (STATE)  (STATE)  AVERAGE AND ADDRESS  No (STATE)
giving rise to stating the use	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Spe	Cystitis, acute & Renal obstruction. Cystitis & Ure Findings of Operation  CE (Home, farm, factory, street, office hidg., etc.)  INJURY OCCURRED While at Not While Work At work   At work    e deceased from Jan. 10  d that death occurred at (Degree or title)  Professional Service   Baltimore Not Signature   Baltimore   Baltimore Not Signature   Baltimore Not Signature   Baltimore	chronic  h bilateral due thritis  (CITY OR 1)  HOW DID INJURY OF THE ADDRESS  VICES, VAH. Perrey OR CREMATORY  VICES, VAH. PERREY OR	COUNTY)  COUR?  19, 151, MacDongoon  causes and on the date structure of the county  Point. Md.  LOCATION (City, town, or count Baltimore, Md.  Raw 802 ma	Yes No (STATE)  (STATE)  (STATE)  ANOTHER SIGNED  3-21-51  Y)  (State)  ADDRESS
giving rise to stating the u  11. OTHER SIGNIFI Conditions contriburelated to the disease 19a. DATE OF OPE.  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby certification of the state of the sta	che above cause inderlying cause last  (c)  CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19h. MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Specify) PLA OF INJUITATION MAJOR F  (Specify) ATTION MAJOR F  (Spe	Cystitis, acute & Renal obstruction. Cystitis & Ure Findings of Operation  CE (Home, farm, factory, street, office hidg., etc.)  INJURY OCCURRED While at Not While Work At work   At work    e deceased from Jan. 10  d that death occurred at (Degree or title)  Professional Service   Baltimore Not Signature   Baltimore   Baltimore Not Signature   Baltimore Not Signature   Baltimore	chronic  h bilateral due thritis  (CITY OR 1)  HOW DID INJURY OF THE ADDRESS  VICES, VAH. Perrey OR CREMATORY  VICES, VAH. PERREY OR	COUNTY)  COUR?  19, 151, REODUCCE  causes and on the date state  y Point, Md.  LOCATION (City, town, or count  Baltimore, Md.	Yes No (STATE)  (STATE)  (STATE)  ANOTHER SIGNED  3-21-51  Y)  (State)  ADDRESS



S. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02506

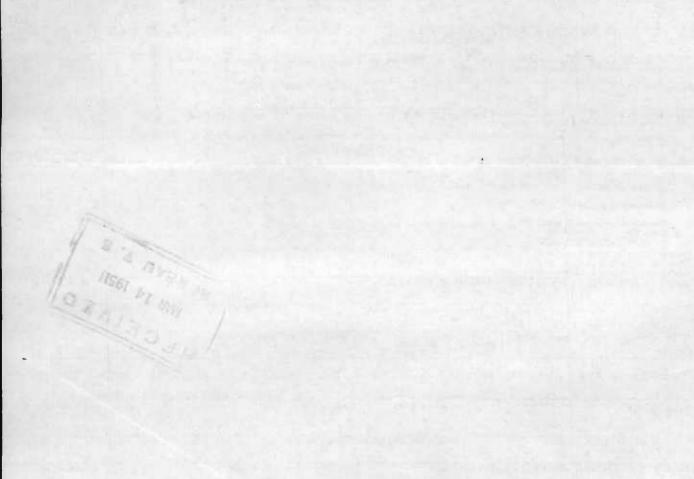
1 5 1 MAR 20 195 CERTIFICATE OF DEATH

Evidence for addition

of #21 shown on:

Reg. Dist. No.....

COUNTY Cecil MARYLAND STATE			2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y Cecil
OR give neares	t town) r Elicton	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Eliton RD	. 4/1d.	STREET ADDRESS Blkton, RD. 4/1d.	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) 4. DATE (Month) OF OF DEATH FICH	(Day) (Year) 6 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	18. DATE OF BIRTH 12. 1879 9. AGE last hirthday If under Months.	l year   If under 24 hrs   Days   Hours   Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry FOUSE Wife	11. BIRTHPLACE (State or foreign country) Poland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	4E		14. MOTHER'S MAIDEN NAME	
No Tuf.			No Taf.	
	VER IN U.S. ARMED FORCES (If year, give war or dates service)		Jon Kranczyk Alkton	104, 1d.
		18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	1 .	ONSET AND DEATH
Immedia	te cause (a)	Come U	harbola	Somente
Antecede	ent cause(s) conditions, if any, (b)	Punkolone	min, bilatarl	2 weeks
giving rise stating the	to the above cause underlying cause last	7		, a 0 or 40 the con-our con-order mapping access to
Conditions contrib	ICANT CONDITIONS puting to the death but not ase or condition causing deat		rit st.	10 Doys
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY1
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE HOMICIDE	accident OF	JRY home	regal ex. aller Coul	TKS
OF 2/28	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	fell out of bed & fell to floor	- (AXB 1
	tify that I attended th	e deceased from Mark	T. 19 to Much 19 that I last s	saw the deceased
alive on M	wh 6 1951 an	d that death occurred at	62° p m., from the causes and on the date st	tated ahove
SIGNATURE	// /-	(Degree or title)	ADDRESS	DATE SIGNED
J. 10CR	month 1.	/4. D.	Chrm Ma.	731
23. BURIAL, CRYA	eify) DATE	51 New Cathol		ity) (State)
DATE REC'D BY REG. Mar	LOCAL REGISTRAR'S	SIGNATURE	Suppose for Cla	ADDRESS MA
	7	ð		7



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VS. A15A

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

and

0	/	Reg. Dist. 1	
The	1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED CORRE	recil
fully.	CITY (If our de corporate lights, write RUBAL and LENGTH OF STAY OR TOWN	CITY (If outside corporate limits, write RURAL and g	ive nearest towo)
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	- P
nation rly a	3. NAME OF DECEASED OSE A. h. (Middle) (Type or Print) OSE A. h.	odg E 4. DATE (Month) OF DEATH	(Day) (Year) 12 1951
inform th clea	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		r I year   If under 24 hrs.
n of f deat	10a. USUAL OCCUPATION (Give kind of work done during prost of working the even (retired)		COUNTRY! OF WHAT
y iter	13. FATHERS, NAME WILLIAM Lodge.	14. MOTHER'S MAIDEN NAME	۷.
Supply every item write the causes of d	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unthown) (If yes, give war or dates of 3/4-/49396	Egntlua & Roll	lge.
pl	18. MEDICAL CEI	RTIFICATION	
di.F	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
(3)	11 to 10	oronary Hamlow	r Chami with David
INK. please			
Zā	241×	astlima	
5 5	Antecedent cause(s) Diseases nr conditions, If any, (b)	couma	
Zig	940 giving rise to the above cause		
Sic	(c)		
FA	II. OTHER SIGNIFICANT CONDITIONS		1
Z	Conditions contributing to the death but not related to the disease or condition causing death.		
I C	19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
TH			Yes No 🗗
WITH UNFADING important. Physicians:	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	The state of the s
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF INJURY m.   INJURY OCCURRED   While at Not while   work   at work	HOW DID INJURY OCCUR?	
Al			
PL	22. I certify that I toak charge of the remains described above, held an A	utopsy , Inspection , Inquiry therean and	fram the evidence
四."	obtained by said Autapsy, Inspectian ar Inquiry, find that said decedefrom: natural causes \( \frac{1}{4}, \) accident \( \superscript{\subset}_1, \) suicide \( \superscript{\subset}_1, \) hamicide \( \superscript{\subset}_1, \)		apinion resulted
	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W.R	(1) Elytochorian, Drug E	Wining our ma	3-12-51
	23. BURIAL, CREMATION   DATE THEREOF,   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or cou	ntv) (State)
PLEASE	POWER OF THE PARTY	nor mewood PK Clater med	
LE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
۵.	REGMAN 14 FRIAger	HWTippen Ton Elk	low, med



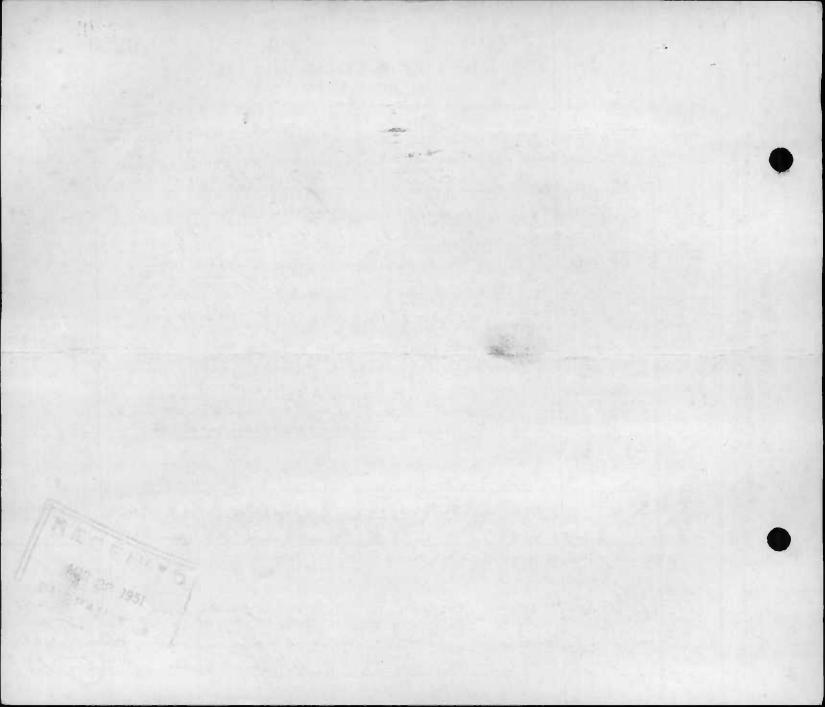
### CERTIFICATE OF DEATH

550-816

M	)	The correct a
1	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.
. A15A	T	PLEASE WRITE PLA

	FOR MEDICAL	EXAMINERS	Reg. Dist. N	0.92
1. PLACE OF DEATH-COUNTY CITY (If outside approvate limits, write RURAL;	MARYLAND and   LENGTH OF STAY	2. USUAL RESIDENCE (HOM STATE CITY (If putalde corporate li	un cont	intle
OR give nearest town TOWN HOSPITAL OR	tio this place)	OR TOWN / / STREET	(If rural, give location)	ve nearest town)
INSTITUTION OR STREET ADDRESS	Hofutal	ADDRESS 04h	Rodne	4 St
3. NAME OF DECEASED (Type or Prince OS Entr.	LORIN	MASTINGAR	DATE (Month) OF DEATH	(Day) (Year) 20 1903
7,0000	SINGLE, MARRIED,	1-19-1914	O / yrs.	Days Hours Min.
done during most of working tile even it estired	B, KIND OF BUSINESS OF	Welningt	on Della	CHIZEN OF WHAT
13. FATHER'S NAME of L IN	rcerten	14. MOTHER'S MAIDEN NA	Dillon	L
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)	41-03-6362	in ang are	tHairt	cone
1. DISEASES OR CONDITIONS DIRECTLY LEA				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Fra	eture Parie	tal bones Fro	ret. At Claru	<u> </u>
866 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	arm, at few		serence	
173 stating the underlying cause last	rushed Ch	est. Broken	necle.	
<ol> <li>OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</li> </ol>				
19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			Yes No
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING OF OF CAUSE OF DEATH.	(Hoose, farm, factory, street,	Eliston	RW Cens	(STATE)
OF 2 1 m ~ 1 (016 W	JURY OCCURRED hile at Not while ork at work	bow did injury occur	lane.	
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection of Ir	described above, held an A	utopsy , Inspection , I	nquiry [] thereon and	from the evidence
from: natural causes [], accident [], SIGNATURE	suicide [], homicide [],	undetermined	0	DATE SIGNED
21. BURIAL, CREMATION   DATE THEREOF	NAME OF CEMETE	Jenny Jenny Loca	ATION (City, town, or coun	3 -2-6-67 ty) (State)
REMOVAL (Specify)  March 10,1  DATE REC'D BY LOCAL   REGISTRAR'S SIG	951 Riversi	Wanday  24. FUNERAL DIRECTOR	Wilmings	Del.
REG. Mar VI FILT	razer	H. W. Pikkin	rson Fle	ston ma

VS. A15A



2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

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neg.	Dist.	TA 0 ***		

/		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y(P)
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	- Wasa and	UNIX.
OR give nearest town)	TOWN Will Gust.	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MINON YUS at al-Glitty his	STREET (If rurai give location)	
3. NAME OF (First) (Middle) (Curly) (Curly)	Caully 4. DATE (Month) OF DEATH WOLAD	(Day) (Year)
5. SEX   6. COLOR OR BACE   7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH   9. AGE last birthday   If unde	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME /	11. MOTHER'S MAIDEN NAME	U.S.A
Herroe (9 Harry	Oddie alexander	
15. WAS DECEASED EVER IN U.S. ARMED PORCES?   16 SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	Charles O. m Cauley	
18. MEDICAL C	ERTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	<b>\</b>	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Wrlynic Co	wrillians	11 Weny
Antecedent cause(s) Diseases or conditions, if any, (b)	stelicel hepliritis	ebru 5 yleny
giving rise to the above cause stating the underlying cause last (c)	uni - thremie Como	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Leunia	1. 1941 to War 2 1931 that I last	saw the deceased
alive on	1.05	DATE SIGNED
Helmy Canbull Whl,	Wille Cast Mayland	Mus 2 1931
23. BURIAL, CREMATION DATE THEREOF NAME OF OFFICE CREMATION 3-4-1951 SILVERB	ROOK   LOCATION (City, town, or country   WILMINGTON NEW )	CASTLES DEL
REG. May 3 REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR LOTTH Each )	ADDRESS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



	CERTIFICAT	E OF DEAT	H 1	Reg. Dist. N	0
1. PLACE OF DEATH- COUNTY  CITY (If outside corporate limits, write RURA	MARYLAND L and LENGTH OF STAY	2. USUAL RESIDENCE (I STATE		COUNT	eeck
OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	(In this place)	OR - P	shieke	0 1	
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	Moore.	4. DATE OF DEATH	(Month) March	(Day) (Year
5. SEX  6. COLOR OR RACE  10a. USUAL OCCUPATION (Give kind of work)	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 19b. KIND OF BUSINESS OR	8. DATE OF BIRTH  Dec. 16.1876  11. BIRTHPLACE (State of	74	yrs. Months	1 year   If under 24 h   Days   Hours   Min   2. CITIZEN OF WHA
done during most of working life, even if retired)  13. FATHER'S NAME	INDUSTRY John	Rohemis 14. MOTHER'S MAIDEN	Marion	201	COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of	16. SOCIAL SECURITY NO.	17. INFORMANT			
(1es, no, or unknown) (11 yes, give war or dates of service)	18. MEDICAL CE	RTIFICATION	m	oorl	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY L	~ 1	af Em	boly	in	ONSET AND DEAT
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	Monie &	Lyonard	lity		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION 19b. MAJOR FI					Yes No
SUICIDE OF INJUI	E (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED	(CITY OR '		(COUNTY	) (STATE)
OF INJURY m.	While at Not While Work At work				
22. I hereby certify that I attended the alive on, 195, and SIGNATURE	that death occurred at (Degree or title)	ADDRESS		n the date st	ated above. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S S	95) Bethel	24. FUNERAL DIRECTO	heaghe	ake Cil	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. MARGIN RESERVED FOR BINDING

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correct age

2411 N. Charles Street, Baltlmore

#### CERTIFICATE OF DEATH

Reg. Dist. No .....

I. PLACE OF DEATH-		2. USUAL RESIDENCE (F		COUNTY	0:	
lecit	MARYLAND	Maryla	ad	777.47	Cacu	
CITY (If outside corporate limits, write RUR OR give nearest town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN	Blance	JRAL and giv	e nearest town	1)
HOSPITAL OR		STREET	(If rural giv	re iocation)		
INSTITUTION OR STREET ADDRESS Muon Ho	Gidal	ADDRESS R.D.	#3			
8. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) Mary	a.	Mullen	OF DEATH 2	March	25	1961
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH	9. AGE last birth	day If under Months	Days Hours	er 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11/ BIRTHPLACE (State o			. CITIZEN OF	WHAT
done during most of working life, even if retired)	INDUSTRY	7161-0	201		COUNTRY	
13. FATHER'S NAME	Nome	14. MOTHER'S MAIDEN	NAME		2000	٠.
7	20 10	011. 111	NAME OF	17		
Nemma /	Tullen	Elisabeth	dou	dhe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (If yes, give war or dates		17. INFORMANT	Oss.	10		
service)	none	nover	Thul	len		
	18. MEDICAL CE	RTIFICATION			1_	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL B	DEATH
1. Diseases on conditions bitterin	- CONTRACTOR	4 4 . 4			Ordani and	DEMIN
Immediate cause (a)	Reuli Cardy	e delatat			1 14	~
592× immediate cause	0 0				12	1 -
Antecedent cause(s) Diseases or conditions, if any, (b)	Chronic Endos	anditus			Spra	7
/3/ giving rise to the above cause						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
stating the underlying eause laat (c)	Chronic Jules	stition naple	ritis		Syear	. +
II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing deat	- la					
19a. DATE OF OPERATION   19b. MAJOR					20. AUTOP	SY?
I am DATE OF OTERMAN AND MALE OF THE PARTY O						
	CD W	(OTMY OD I	TOTAL	(COIDIMA)		
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, atreet, office hidg., etc.) URY	(CITY OR T	(UWN)	(COUNTY)	(STAT	E)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY m.	While at Not While Work At work					
22. I hereby certify that I attended th	a deceased from July /	1949 to March	, 25 1951 th	hat I last s	aw the dec	bases
alive on March 25, 1951, an	d that death occurred at	m., from the	causes and on	the date sta	ated above.	
SIGNATURE	(Degree or title)	ADDRESS			DATE SIG	SNED
Medertoa	Las M. D.	Elklon had		Man	ch 26-1	1951
23. BURIAL, QREMATION   DATE THERE	OF I NAME OF CEMETE	RY OR CREMATORY   I	OCATION (City,	town, or count	(St	tate)
REMOVAL (Specify)		. 0	n. E	167	as	11
(Beerland March 27	1 1 1 LO I WEEKEN POR MARCHANA	24. FUNERAL DIRECTO	Bur C	sour !	ADDRESS	~
DATE REC'D BY LOCAL REGISTRAR'S REG.	117	O MARO O	0	Q11-	ADDICESS	-1
mar >1	Jugue	1811 uppen	you	Con	17/11	a
	0	7/		10	821	
				1000	000	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RF. 29 1951

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY CC; MARYLAND	STATE Marsland COUNTY Cearl
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) i _ (in this place)	TOWN Elblon
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS UNION HOSPITOL.	ADDRESS R. D.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED	Murphy DEATH March 27 1957
(Type or Print) Q Q Q Q G S S S S S S S S S S S S S S S	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
WIDOWED, DIVORCED, (Specify) TO A V V. CO. N	Nov. 8. 1889 6 / yrs. Months. Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Massachusetts Country? S. a.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
One · On · //	60. 200 8
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Mya Mecroy
(Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS
service)	Mrs Hesman Shuard
18. MEDICAL CE	PTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) acul Uny	ocardial inforce! 4 nous.
420 Antecedent cause(s)	
Car da a Ima	culail. House O denesso.
Diseases or conditions, if any,  (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
(c)	**************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE HOMICIDE INJURY	(CHI ON TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from AMCA	1956, to March 27, 195., that I last saw the deceased
3/ - /-	1:0
alive on, 19.5 and that death occurred at SIGNATURE (Degree or title)	ADDRESS no the causes and on the date stated above.  ADDRESS DATE SIGNED
On I love & Do we her no	Elber, hid march 27, 451
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
Shipping March 100 /19 /as	124. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
may 18 + 11 Irusur	N. M. Sphon & Son Elklos Md.
0	290-387

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

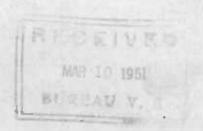


2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

112512

COUNTY			STATE	IOME) OF DEC	COUNT	Y	
	Cecil County	MARYLAND	Ma:	ryland		K	ent
OR give nearest	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpora		RURAL and give	ve neares	it town)
TOWN	Perry Point,	Md. lmo. 4 days	TOWN Be	tterton			
HOSPITAL OR INSTITUTION O' STREET ADDRE		ministration Hospi	STREET La ADDRESS	(If rural, g	give location)		V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	JOSEPH	C	PARENT	OF DEATH	March	6	1951
s. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH August 29,1918	9. AGE last birth		1 year Days	
10a. USUAL OCCUP	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)			ON OF WHAT
Art. Asse	working life, even if retired)	INDUSTRY Unknown	Massachuse	etts		COUSA	r
13. FATHER'S NAM	Œ	/	14. MOTHER'S MAIDEN				
	Joseph 1	Parent - Deceased	Grace Fort:	in			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES   (II yes, give war or dates of		17. INFORMANT AND				
Yes	service) WW TT	" 191-01-6475	Hospital Record	is, VAH,	Perry Po	int,	Md.
		18. MEDICAL CE	RTIFICATION			1.	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH					VAL BETWEEN
		**	Deisening			9.00	week
,/_/ Immediat	e cause (a)	Uremia, Uremic	Poisoning	evé -00			MECV
4 1x	nt cause(s)						
Diseases or	conditions, if any, (b)	Edema, pulmonar	y, bilateral				
giving rise t	o the above cause underlying cause last						
, 1 sessing the c	(c)	Anasarca - Poly	arteritis			1	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.					
		INDINGS OF OPERATION				20. A	UTOPSY?
						Yes	M No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNTY)		STATE)
SUICIDE HOMICIDE	OF INJU	office hidg., etc.)					
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?			
OF INJURY	m,	While at Not While Work At work					
	VA _			/			
22. I hereby cert	ify that deatten led the	deceased from Feb.	2., 19.54, to March.	Q, 19.5.L., x		DOCT	DENGENGEN.
2002020202	morrow was	d that death occurred at	8.40 pm from the	sauces and an	the data at	In Labor	
SICHAPONY	and the second section of the second second	(Degree or title)	ADDRESS	causes and or	i the date st	DAT	E SIGNED
(00/	nam	on					
E. P. BE	ANNON, M.D. Ch	ief, Professional	Services, VAH, P	erry Poir	nt. Md.		7-51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE			OCATION (City		ty)	(State)
Removal	2-1-5			Baltimor	e, Md.		
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE // A	24. PUTERAL DIRECTO	R . d	10	ADD	RESS
morel 741	951 Frenc	E. Dangharty	Jems	me	-114	-	
			DENINTMOTON &	SON HOTE	an do Com		113 1/1/1



2411 N. Charles Street, Baltimore

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U	Pay	U	3.	U

#### CERTIFICATE OF DEATH

Reg. Dist. No.

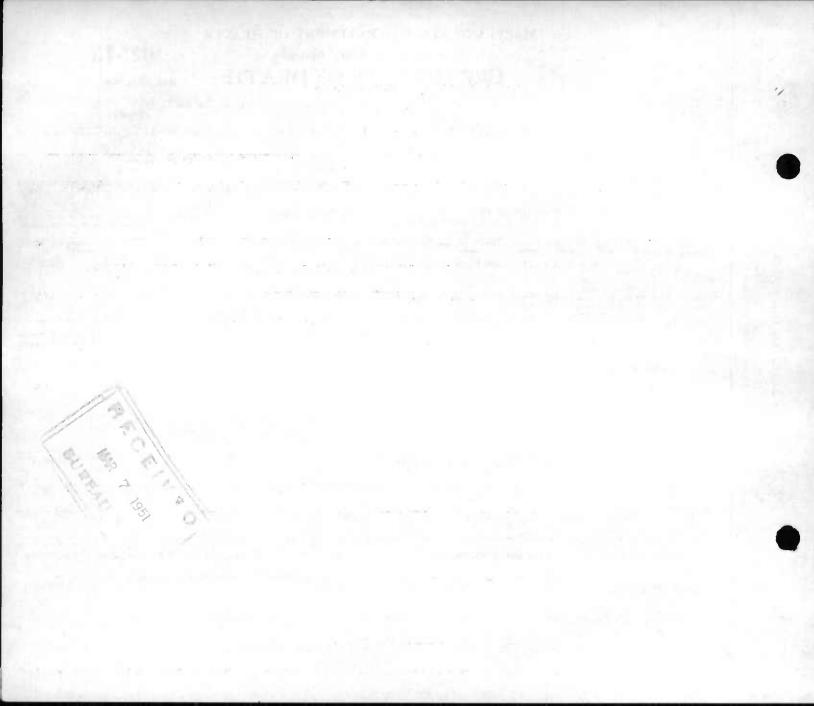
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/	///	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
OL CL MARYLAND	STATE many land COUNTY (elc.)	
OR give nearest town) (in this piace)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN VELICAL (P.D. # ) 1047.	TOWN M. D. # J. GKRYON	
HOSPITAL OR INSTITUTION OR > 0 h	STREET (If rural give location)	
STREET ADDRESS C 279 17		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year	r)
(Type or Print) Tarry Wesley	PINGEV DEATH Blaves 3 190	
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 l	hrs.
101014 (Specify) // (Specify) // (AV)	10 PDT 12,1887 66 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA	AT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
13. FATHER'S NAME	ALL TOTHERS MAIDEN NAME D'ANDE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of	M. D	
N Co   service)   // O / O	1 Mrs. Bassia Findar	=
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT	CH
Immediate cause (a) Cardio-vasc	ular- Renal - Discase Tyo yea	n.
111183.4		
44 (XAntecedent cause(s)	·	
13 (a) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	***************************************	*****
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	Yes No f	V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No (COUNTY) (STATE)	*
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		*
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		*
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	*
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While INJURY m. Work At work	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?	
SUICIDE OFF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?  19.49, to March 3, 19.51, that I last saw the deceased	
SUICIDE OFF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?  19.49, to March 3, 19.51, that I last saw the deceased	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?  19.49, to March 3, 19.51, that I last saw the deceased	
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Color alive on Meyer 2., 1951., and that death occurred at SIGNATURE (Degree or title)	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  ADDRESS  AD	
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from C. C. O. A. A. Work Indicate the second structured at the signature of the second structure of the secon	HOW DID INJURY OCCUR?  The state of the causes and on the date stated above.  DATE SIGNED  ADDRESS  DATE SIGNED  Company of CREMATORY LOCATION (City, town, or county)  (State)	
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Correct alive on Meyer 2, 1951, and that death occurred at SIGNATURE  (Degree or title)	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  ADDRESS  AD	
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Control alive on Merch 2., 1951., and that death occurred at SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL Specify)  24. NAME OF CEMETE OF ORDER	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  L., 1949, to March 3, 1951, that I last saw the deceased above.  ADDRESS  DATE SIGNED  RY OR CREMATORY LOCATION (City, town, or county) (State)	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1	FOR MEDICAL	DAMMINERS	R	eg. Dist. No	/
1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE (H	IOME) OF DECE	COUNTY	ecil
CITY (If outside corporate) limite, crite RURAL OR give morest twn	and LENGTH OF STAY	OR TOWN	tellmita relite R	URAL and give	nearest town)
HOSPITAL OR INSTITUTION OF CICLE OF N	rofbitt	ADDESCULE OF	of Mis	out	84.
8. NAME OF DECEASED TO RIETTA	(Middle)	PINER.	4. DATE OF DEATH	(Month)	(Day) (Year) 26 15
5. SEX 7. 6. COLOBOR RACE 7	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last birth	Months [ ]	year   If under 24 h Days   Hours   Mir
done doring most of working life, even theetireti.	Ob. KIND OF BUSINESS OR INDUSTRY	Elle	Or /	ud - 12.	CITIZEN OF WHA
18. FATHER'S NAME	Piner -	MOTHER'S MAIDEN	NAME	nder	1 cm
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, erunknown)   (If yes, give wer or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT	Lau	vo	
I. DISEASES OR CONDITIONS DIRECTLY LI	EADING TO DEATH	eviona	y Tho	ubore	INTERVAL BETWEE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS					0 TO 57 GO 00400 0050 0 DIMMONUM +++++ 84
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FIL	NDINGS OF OPERATION				20. AUTOPSY1
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	(Home, farm, factory, street, office bidg., atc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	NJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?		
22. I certify that I took charge of the remain obtained by said Autopsy Inspection or from: natural causes accident, SIGNATURE  23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify)	Inquiry, find that said decementation (Degree or title)  NAME OF CEMETER  NAME OF CEMETER	undetermined	Inquiry to the desired to the desire	neth in my o	DATE SIGNED  3-25-5  (State)
DATE REC'D BY LOCAL REGISTRAR'S SI	1	24. FUNERAL DIRECTO	R	Ion ( ·A	ADDRESS
ugs 1 3 h =	Mezer -	Code. K. P.	rele	with	ug. DE
				720 8	36

APR 4 1951 BURHAU V. #

02515

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 9

		/
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	2 1
Ce.c. MARYLAND	/ \ d .	CE211
OR give nearest town) LKTON  LENGTH OF STAY On give nearest town) LKTON	CITY (If outside corporate limits, write RURAL and giv OR TOWN EIKTON	e nearest town)
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS 241 WMain St	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	TOWE DEATH MAVEN	194
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done during most of working life, even if retired) Libustry House Wife.	Cecil lo. md_	COUNTRY? U.S
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
15/WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service)	Burton Powell	
18. MEDICAL CEI	PTIPICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	ONSET AND DEATH
Immediate cause (4) Carabral	Cra-NonTa	48 hours
Immediate cause (a)	CA CELGENT	
447 Antecedent cause(s)	amorrada	
	scular-Renal directo	•••••
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		*******************************
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🕒
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
	1051 ha 131 10 551 11 151	
22. I hereby certify that I attended the deceased from Nac. 30	, 19, to	aw the deceased
alive on	ADDRESS	ted above.
On & Land XXX no aler - D Se	looky had sound.	71. 1057
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
	et. Horth last	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	y wy gayan	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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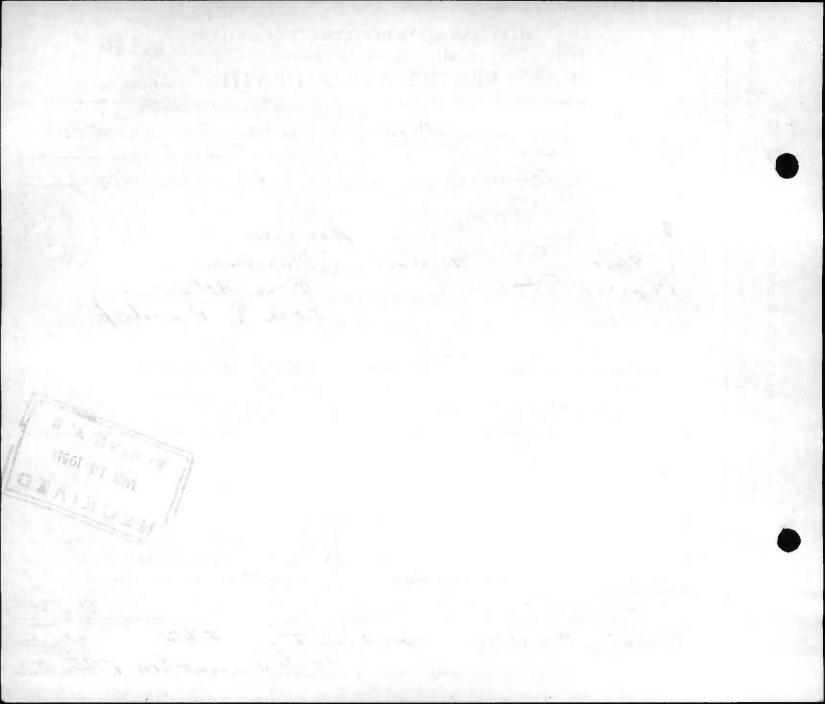


2411 N. Charles Street, Baltimore

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#### CERTIFICATE OF DEATH

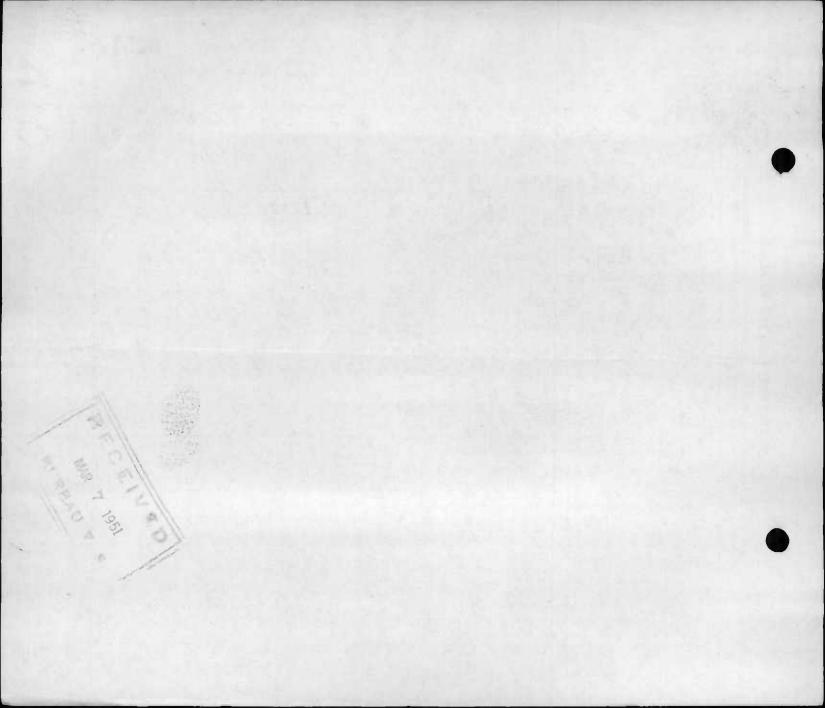
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY C
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town)  CRUPATION (in this place)	OR TOWN
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR 121 Collins St	ADDRESS 121 Colleges St
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Yes
(Type or Print) Hospines	Price DEATH 3 - f - 19
5. SEX I 6. COLOR OR RACE 1.7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday   If under 1 year   If under 24   Months   Days   Hours   M
Colored WIDOWED, DIVORCED, (Specify) Africal Specify	May 25 1820 80 yrs. Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIDAHPLACE (State or foreign country)   12. CITIZEN OF WH
done during most of working life, even if retired) INDUSTRY	Maryland Country a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Holmes	Rose Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown)   (If yes, give war or dates of service)	Gose P. Wunlas
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE ONSET AND DEA
	1. A. Cla . O
422 Immediate cause (a)	ma - Janly
Antecedent cause(s)	0117
Diseases or conditions, if any, (b)	
93 d giving rise to the above cause stating the underlying cause last	A .
(c)	
11. OTHER SIGNIFICANT CONDITIONS	C /a
Conditions contributing to the death but not related to the disease or condition causing death.	- Chlerons.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet, OF office bldg, etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	upper .
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from	10 N ( to 3 - f - 10 17 that I lost now the decrees
alive on3.—, 195., and that death occurred at	4
SIGNATURE (Degree or title)	ADDRESS DATE SIGNE
Stard & Go Chausald Zun	3-9-5
23-BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specific	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG.	The Control of the co
mar 101 + 11 shares	MI / Vappent Ato Cha /110
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# CEDTIFICATE OF DEATH

ect		CERTIFICAT	E OF DEATE	1	
correct		FOR MEDICAL		Reg. Dist. N	0. 92
) en	I. PLACE OF DEATH- COUNTY OLEK	MARYLAND	2. USUAL RESIDENCE (HO STATE	ME) OF DECEASED.	recil
	CITY (If outside er porate limits, write RUR OR give nearest town)		OR TOWN CLL	Con AND	ve nearest town)
nd leg	HOSPITAL OR INSTITUTION OR STREET ADDRESS COUNTY	Hopelal	STREET ADDRESS	(If rural, give location)	
NG of information carefully death clearly and legibly	3. NAME OF DECEASED (Type or Print) Oh (First)	Ed WARD	REEVES	4. DATE (Month) OF DEATH	(Day) (Year)
inforr th cle	5. SEXM 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOVED, DIVORCED, ST. 17	8. DATE OF BIRTH 9.	AGE last birthday   If under Months	
ING m of f dea	done duran proposition (Side kind of work done duran proposition direction)	10b. KIND OF BUSINESS OR INDUSTRY	Chalon	ma.	2. CITYEN OF WHAT
or BINDING every item of the causes of dea	13. FATHERS NAME	Reeves.	14. MOTHER'S MAIDEN N	Brumi	t
FOR ly ever	15. Was DECRASED EVER IN U.S. ARMED FORCE (Yes, 20 or ank of yn) (If yes, give war or dates service)	3?   16. SOCIAL SECURITY No.	17. INFORMATOR HELEN	Price	
Supp write	1. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CEI	ture Tr	urgestal	INTERVAL BETWEEN ONSET AND DEATE
MARGIN RESERVINFADING INK.	776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)				
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.			
WITH	19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			Yes No P
) Military	PRIMARY OR CONTRIBUTING OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TO		(STATE)
INL	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at   Not while   work     at work	HOW DID INJURY OCCU	JR?	
WRITE PLAINLY, is especially i	22. I certify that I took charge of the rem abtained by said Autapsy, Inspection of from: natural causes & accident of SIGNATURE	ar Inquiry, find that said dece	ased died an the day stated	Inquiry ( therean and above, and death in my	DATE SIGNED 3-5-51
PLEASE	23. BUBIAL, CREMATION DATE THERE	NAME OF CEMETE	RY OR CREMATORY LO	CATION (City, town, or cou	ml
PLE	DATE REC'D BY LOCAL REGISTRAR'S	FIGNATURE	24. FUNERAL DIRECTOR	Son alli	ADDRESS
	503051 14/31V	J			

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#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	TOR MEDICAL	DAMININERS	Reg. Dist. No
I. PLACE OF PEATH- COUNTY COUNTY	MARYLAND	2. USUAL RESIDENCE (HOME) OF E	Elical
CITY (If ourside corporate limits, write RURAL OR give cearest tisse) ON WY	al length of stay	OR TOWN CLASSIC	ural.
HOSPITAL OR INSTITUTION OR CECCACIO	t Hill	ADDRESS leas an	al rice location)
3. NAME OF DECEASEIN ICAR (First)	DRWIN	ROBERTS GEATH	
m' neute	SINGLE, MARRIED. WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last 1 7-17-1898 38	oirthday   If under I year   If under 24 hrs.   Months   Days   Hours   Min.
done during most of working the, even if retired)	b. KIND OF BUSINESS OR COUNTY Paper Office	il. BIRTHPLACE (State or foreign count	12 CITIZEN OF WHAT
13. FATHER'S NAME S RV	beits	Thursa:	Befored.
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	217-18-6221	Frances & A	oberts.
	18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE	CADING TO DEATH	<b>A</b>	ONSET AND DEATH
Immediate cause (a)	creute la	ovonary/lion	wores !
Immediate cause (a)			81 010 01 1000 00000 0000 0000000 0000000
Antecedent cause(s) Diseases or conditions, if any, (h)			
giving rise to the above cause stating the underlying cause last	•• ••• • • • • • • • • • • • • • • • •	**************************************	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FIN	IDINGS OF OPERATION		20. AUTOPSY?
			Yes 🗆 No 🔀
PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.		(CITY OR TOWN)	(COUNTY) (STATE)
OF.	NJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or I from: natural causes accident	nquiry, find that said decer suicide , homicide , (Degree or title)	ased died on the day stated above, and undetermined [].  ADDRESS  ALLIUM	thereon and from the evidence death in my opinion resulted  DATE SIGNED  3-29-37
23. BURIAL. CREMATION DATE THEREOF REMOVAL (Specify)	NAME OF CEMETE	n thocas Coation (c	City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 12231 313	Les con-	Spesific R. Trans	north Easy my
	0		291-419



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

	L OI BLILLII Reg. Dist. No	0/
1. PLACE OF DEATH - 0	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Cecil MARYLAND	STATE maryland COUNT	Cecil
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED Ida M. Rok	(Last) 4. DATE (Month) OF DEATH MAYCH	(Day) (Year) 25 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH  9. AGE last birthday If under Months  7. 1882  68 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10b. Kind of Business or Industry  10c. Lindustry  10c. Lindustry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. W& DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service)	Carl A. Robins	on
18. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ETIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myo card:	on Intarct	Inst
420, / Antecedent cause(s)		
Otto Diseases or conditions, if any, (b) CGYONATY giving rise to the above cause stating the underlying cause last (c) Qr Tqrosci.	Delarosis - ganaraliza	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	S-1	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Nona	<u>-</u>	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work  At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fq b. 1	+, 1951, to March 2, 1951, that I last :	saw the deceased
X \ \	ADDRESS and on the date st	ated above. DATE SIGNED
On Elond H. Duracher, no	Ellety by & Char	ch 25,195
REMOVAL (Specifi) March 2 8-5) Mount	Moriah Philadelphi	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 75 - 16 J-lazer-	10.11. Japan soon Clas	on ma.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



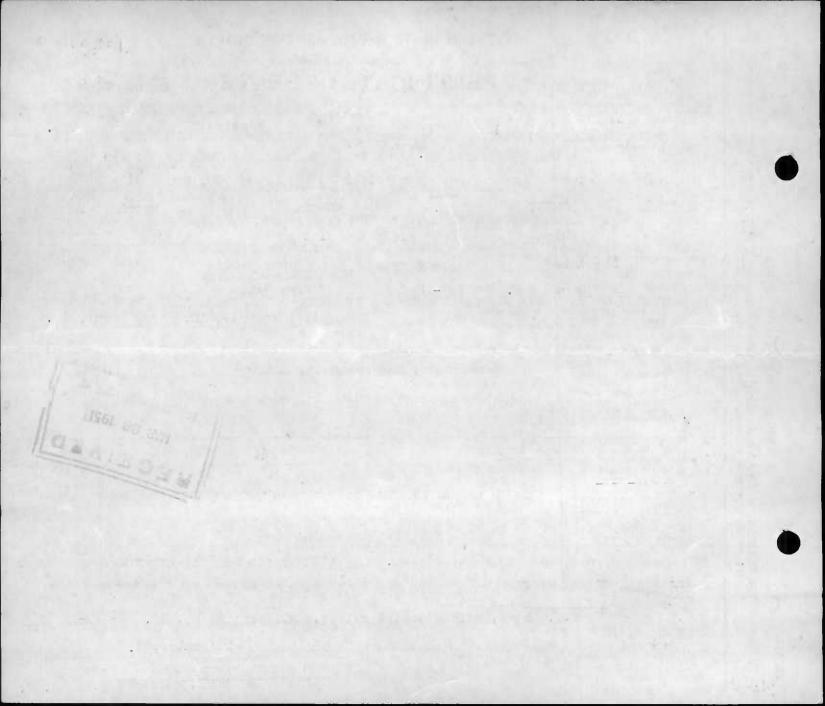
#### CERTIFICATE OF DEATH

CENTIFICAT	E OF DEATH Reg. Dist. No.	90
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
Gecli Maryland	STATE Maryland COUNTY	Testas.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL, and give	re nearest town)
OR give nearest town) Perry Point 2 mo. 13 days	Town Baltimore County 20.	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Veterans Administration Hospit	Box 796, Route #14	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) ROBERT H.	RUNKLE OF March	22 1951
6. SEX Male  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married	3. DATE OF BIRTH 9. AGE last hirthday If under Months Months	1 year   If under 24 hr
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working tife, even if retired)   INDUSTRY   Private Estates	Pennsylvania	Cowyski
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OOR
H oward F. Runkle - Deceased	Emma Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of Ves leervice) WW T Unknown	Hospital Records, VAH, Perry Poi	nt. Md.
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
i. Distingles on compilions binderell deading to bearing		ONSET AND DEATH
Immediate cause (a) Hemorrhage, subara	achnoid, massive	
/ 40 X Antecedent cause(s) Diseases or conditions, if any, (b) Melanosarcoma, meta	astatic. generalized	
giving rise to the above cause		** *** ** ** ** ** ** ** ** ** ***
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.		20. AUTOPSY?
mm m		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(SIAID)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m, Work At work	l .	
22. I hereby certify that x attended the deceased from Jan 9	1951 toMarch 22 1951 venovitario	www.wareneses.com
SIGNATURE (Degree or title)	2:10 a.m., from the causes and on the date standards	ated above. DATE SIGNED
E.P. BRANNON, M.D. Chief Professional Ser	and and Training Theorem The State 2012	0.00 =3
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	ry or CREMATORY   LOCATION (City, town, or count	3-22-51 (State)
Removal 3/20/3/ Baltimore	National Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	NERAL DIRECTOR	ADDRESS
3/22/5/ Onene E. Kougherly.	Jarsan June Ja	
	LASSAHN FUNERAL HOME, Bel Air Ave	Balto .Md.
	7908	10

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

PLEASE



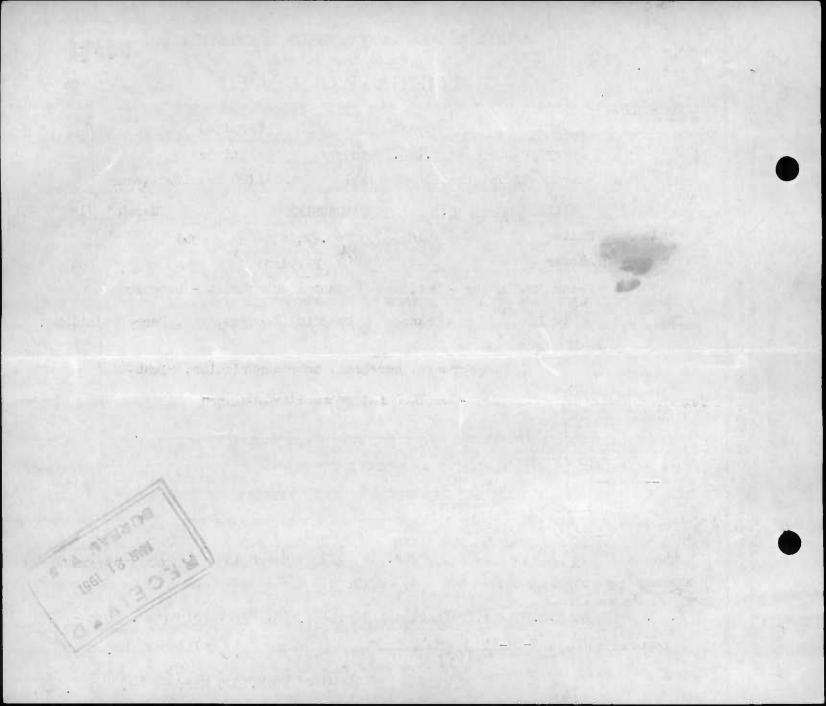
2411 N. Charles Street, Baltimore

for

02521

#### CERTIFICATE OF DEATH

I. PLACE OF DEATH COUNTY	Cecil		2. USUAL RESIDENCE (H		ASED. COUNTY		
CITY (If outside ear	porate limits, write RUR	MARYLAND		rland			
OR give nearest t	own) Perry Point	21yr 2mo 2day	CITY (If outside corporation of Town Balt	imore	UKAL and giv	e nearest tow	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s Veterans Adm:	inistration Hospit	STREET 4100	(If rural, gi			1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	WILLIAM	H. S	ANDKUHLER	OF DEATH	March	18	1951
5. SEX	6. COLOR OR RACE	S SINCLE MADDIED		. AGE last hirthe			
Male	White	WIDOWED, DIVORCED, (Specify) Single	Feb.22,1896	55 y	Months	Days Hour	Min.
done during most of wo	TION (Give kind of work rking if a even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAME		hler - Deceased	Anna Brachschm		eased		
	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS			
(184, no, or unknown)	(If yes, give war or dates of dervice) WW T	Unknown	Naspital Record	s, VAH, F	Perry Po	int, Md	
		18. MEDICAL CE	RTIFICATION			INTERVAL B	
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	DEATH
Immediate	cause (a)	Hemorrhage, cereb	ral, intraventri	cular, ri	ght	- 68-5 00 - 0 00 00 + 0 10 1-0-0-0-	
21 X Antecedent	agueo(e)						
Diseases or co	enditions, if any, (b)	Arteriosclerosis,	generalized, se	vere			
giving rise to	the above cause derlying cause last						
And a second the die	derrying cadac sast						
	CANT CONDITIONS ing to the death but not or condition causing death						
		INDINGS OF OPERATION				20. AUTOI	SY1
						11 110	
21. ACCIDENT	(Specify)   PLAC	E (Home, farm, factory, street,	(CITY OR TO	)WN)	(COUNTY)	Yes (STAT	No 🗆
SUICIDE HOMICIDE	OF	office bldg., etc.) RY			(000111)	(5171	<i></i>
TIME (Month) OF INJURY	(Day) (Year) (Hour) ———— m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC			9	
22. I hereby certif	y that X attended the	deceased from Jan. 16	, 1930, to March 1	8, 1951, 20		MACAPACAGES	poice
2000000000	00000000000000000000000000000000000000	d that death occurred atl	0:20pm., from the	causes and on	the date sta	ted above	
Con	anno					212 31	SALAD
E. P. BRA	NNON, M.D. Chi	ef Professional S	ervices VAH, Per	ry Point,	Md.	3-19-	
23. BURIAL, CREMA REMOVAL (Specif Removal		7. /	RY OR CREMATORY LO	CATION (City, Baltimo		y) (S	tate)
DATE REC'D BY L	OCAL   REGISTRAR'S	SIGNATURE	24. FONERAL DIRECTOR		no, mo	ADDRES	3.0
nearl 191	951 Ineres	- E Doughard	Leonard (1/K	uch 57	05/ka	Was 19	
		<del>/</del>	Leonard Ruck,5	05 Hardor	d Rd. B	alto. M	d.



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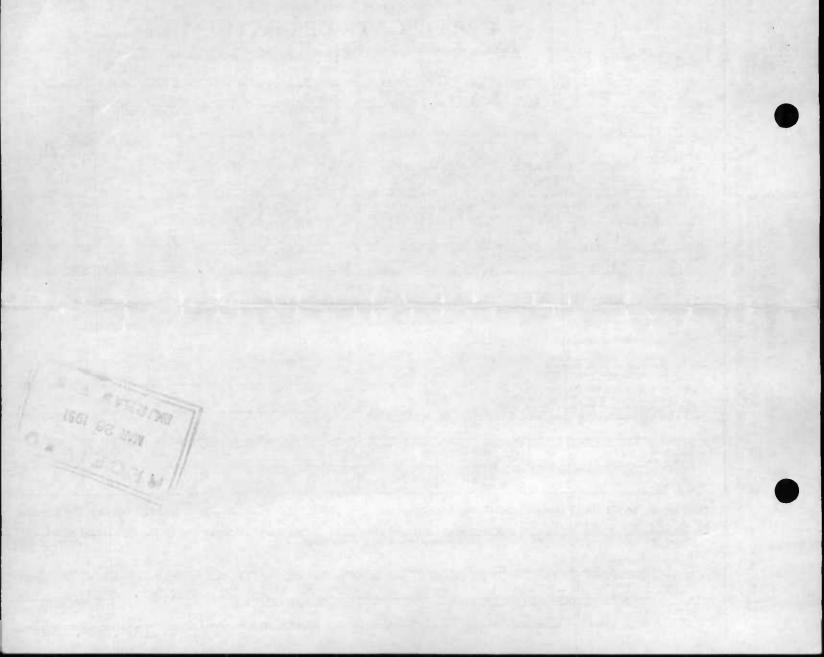
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02522

#### CERTIFICATE OF DEATH

I. PLACE OF DEATH-		2. USUAL RESIDENCE (	- COUN'	ry
Cecil	MARYLAND	Marvlan	nd Cec	1]
OR give nearest town Town Port Deposi	t Rural Life	II OR	eposit. Ru	ra l
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location)	
3. NAME OF (First)	· (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type of Print) Cecil	Clvde	Squier	OF DEATH 3 -	20.1951 19
5. SEX   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1118 10	8. DATE OF BIRTH 6-25-1870	9. AGE fast birthday   If unde	r 1 year   If under 24 hr. Days   Hours   Min.
done Reserved Court of Give kind of work done Reserved Court of Co	10b. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	- CEAR
Rev. John Squ	lier	Isabella	Wilson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yes, no, or unknown) (If year, give war or dates of service)		Miss Carolin	ne W. Stump Pe	rrwwille
I. DISEASES OR CONDITIONS DIRECTLY  Immediate cause (a)	LEADING TO DEATH	RTIFICATION Theemon	hage	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  72 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Chronic V.	abrilas His	nt Disease	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				0000 10 00 00 00 00 00 00 00 00 00 00 00
19a. DATE OF OPERATION   19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (COUNT)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	deceased from 3//	, 1951, to 3/20	19.37, that I last	saw the deceased
alive on 3/20, 1967, and SIGNATURE	d that death occurred at/ (Degree or title)	ADDRESS from the	causes and on the date s	tated above. DATE SIGNED
J. F. Magaw	net.	Verryelle	ma :	3/21/51
23. BURIAL, CREMATION DATE 3-23-195	Nest Nott	ingham		ety) (State)
DATE REC'D BY LOCAL REGISTRAR'S REG. 93,1957 Inches	& laughoty	24. FUNERAL DIRECTO	Heran des	ADDRESS
			Perry lie.	MO a



# The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02523

1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	reil
CITY of outside corporate limits, write RURAL and LENGTH OF STAY Of The page town 100 Comments (in this page of the page of th	CITY III outside corporate limits, write RURAL and gi	Deli I de la constitución de la
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (First) LEGRICK. (Middla)	TEIZHENS OF (Month)	(Day) (Year)
6. COUR OR RACE 7. SINGLE, MARRIED WILLOWED, DIVORCED.	8. DATE OF BIRTH  5-20-1203  9. AGE last birthday If under Months  47. yrs.	1 year   If under 24 bra
day dung nost at control of the training of Business on	GALLEY WILL MC	2. CITIZEN OF WHAT
Thomas Stephens	Wary C. Hall	
15. Was DECEASED EVER IN U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If yes, give war or dates of 2 19-30-616	6 Latrie Richmond, R.	ane n.e.
IR. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) 50% Elicar	red losay.	
116,0		
Antecedent cause(s)  Diseases or conditions, if any, (b)		
glienzee to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
AL DESCRIPTION OF CAMPACIAN AND AND AND AND AND AND AND AND AND A	(OUTE OR BOWN)	Yes No P
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OF SHAPE OF LAUSE OF DEATH.	Principle Hunaue Cele	o ned
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 3 (0 5) am. While at work	Cotta gecaushtoire fr	mellore
22. I certify that I took charge of the remains described above, held an A	utopsy [], Inspection [], Inquiry [] thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐, accident ☒, suicide ☐, homicide ☐,	ased died on the day stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dille Wocker Dom E	Virus seund.	3-13-51
23. PURIAL, CREMATION DATE THEREOF NAME OF CEMETER SEMOVAL (Seedly) 3-/4-/95/ Jones Ville	RY OR CREMATORY LOCATION (City, town, or cour	1. Rural
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Brand 1 # 1957 Drend & Doughel	Kela Vallerson & d	en
	7308/9(Porryville) Y	ud,
	100010000000000000000000000000000000000	· · ·



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	correct
	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN R	UNFADING. Physicians:
	WITH [mportant
)	PLAINLY, especially i
	WRITE
)	PLEASE

Evidence for addition

in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

02524

MANO. G 1 1 APR 2 1951 FOR MEDICAL EXAMINERS Reg. Dist. 1	No. 92
1. PLACE OF DEATH- COUNTY COUNTY MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED OF STATE OF	euil
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neares town) ON give neares town on fill splace TOWN COV	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  STREET ADDRESS  (If rural, give location)	
3. NAME OF DECEASED (First) ASELL DETER. SWIFT 4. DATE (Month) OF DEATH 3	(Day) (Year) 23 195
The state of the s	er i year   If under 24 hr.
done dates prote of working the even the other) (Buildian Homes Evel hool England	County OF WHAT
13. FATHER'S NAME Since Sinft 14. MOTHER'S MAIDEN NAME NO INFORMATION	on
15. WAS DISCRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (II yes, give war or dates of 2/4-03-3622) The Forman American Service)	ller
18. MEDICAL CERTIFICATION	1.
In diseases or conditions directly leading to deatif  Terminal Properties Bilateral Bronelis	INTERVAL BETWEEN ONSET AND DEATE
293x Antecedent cause(s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last	s Street and and the Golden south constructions produce 4001 at
(e)	113 0
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes D No Z
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING Off office bldg., etc.) CAUSE OF DEATH.  (CITY OR TOWN) (COUNT OF OF OFFICE COUNT OFFI COU	Y) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not while INJURY   Mork   at work	
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my from: natural causes accident , suicide , homicide , undetermined .  SIGNATURE  (Degree or title)	d from the evidence y opinion resulted  DATE SIGNED 3-23-5
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coursely)	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
REG. Mar ry Flotran H. M. P. Shine Son Elle	las med.



VS. A15

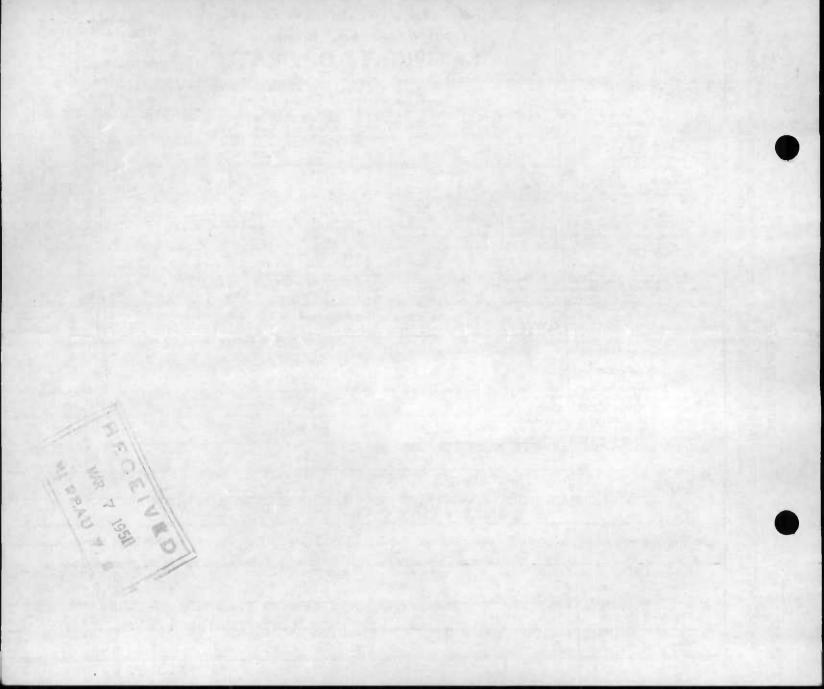
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02526

#### CERTIFICATE OF DEATH

	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
1. PLACE OF DEATH- COUNTY Cecil MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	STATE Maryland Ceculty	
OP also moreout town) //n this missel	OR	town)
	TOWN Port Deposit	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	ADDRESS 278 N. Main	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
(Type or Print) Kathrine E. Waibel	DEATH March 2.19	
	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year	19
WIDOWED, DIVORCED.	Months   Days	Hours   Min.
remate   Wille   (Specify)Married	Aug. 5, 1893   57 yrs.   Months   Days	
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, avon if retired)  INDUSTRY  INDUSTRY		OF WHAT
	Maryland USATAY	•
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Duke	Ellen OConor	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no. or unknown) (If year, give war or dates of service)	G. Fred Waibel. Port Deposit.	Ma
	TOTAL DEBOSTO,	mu.
18. MEDICAL C	ERTIFICATION INTERV	AL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
Prince	aucer diver 70	do
Immediate cause (a) Primary		~~~
IFFU		
/ ~ ~ Antocodont coupo(c)		
/55 X Antecedent cause(s)		
Diseases or conditions, if any, (b)		******************
Diseases or conditions, if any, (b)		<del>- or no o - quadandadan o pa pop q</del>
Diseases or conditions, if any, (b)		
Diseases or conditions, if any, (b)	-/ £: _ A _ £	0 .
Diseases or conditions, if any, (b)	skitis Acota 7u	-l-
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		L TOPSY?
Diseases or conditions, if any, (b)	20. AT	TOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	) 20. AT	TOPSY?
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street SUICIDE OF office bidg., etc.)	) 20. AT	TOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	) 20. AT	TOPSY?
Diseases or conditions, if any, (b)	(CITY OR TOWN) (COUNTY) (S	TOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, larm, factory, street OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?	TOPSY? No frate)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, larm, factory, street OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?	TOPSY? No frate)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY M. Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  (S)  19.7, to 3-2, 19.5, that I last saw the	TOPSY?  No F
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY M. Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  (S)  19.7, to 3-2, 19.5, that I last saw the	TOPSY?  No F
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, larm, factory, street OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  1957, to 3-2, 1957, that I last saw the	TOPSY?  No F
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from 15 alive on 15 million 15	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the  HODRESS DATI	TOPSY?  No deceased  ove.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last c.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work At work alive on 1957, and that death occurred at SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the  4:15-4 m., from the causes and on the date stated ab  ADDRESS  DATI  13-4 D. 1-2 . f. Ind 3-4-	TOPSY?  No deceased  ove.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last c.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work   22. I hereby certify that I attended the deceased from // SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE NAME OF CEMET	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the  HODRESS DATI	TOPSY?  No deceased  ove.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last c.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the ADDRESS  AD	TOPSY?  No deceased  ove. SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Work At work   23. BURIAL CREMATION DATE (Degree or title)  24. BURIAL CREMATION DATE NAME OF CEMET REMOVAL (Specify) 3-5-1951 West NO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the Holder Stated ab ADDRESS  ADD	TOPSY?  No deceased  Ove. SIGNED  (State)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last c.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, etreet OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from At work   23. BURIAL, CREMATION DATE (Degree or title)  24. BURIAL, CREMATION DATE REMOVAL (Specify) 3-5-1951 West No DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the ADDRESS DATI  ADDRESS DATI  Soft Differ to Mad 3-Y-  ERY OR CREMATORY LOCATION (City, town, or county)  ttingham Colora Md. Rural	TOPSY?  No deceased  Ove. SIGNED  (State)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Work At work   23. BURIAL CREMATION DATE (Degree or title)  24. BURIAL CREMATION DATE NAME OF CEMET REMOVAL (Specify) 3-5-1951 West NO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) (S  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, that I last saw the Holder Stated ab ADDRESS  ADD	TOPSY?  No deceased  Ove. SIGNED  (State)



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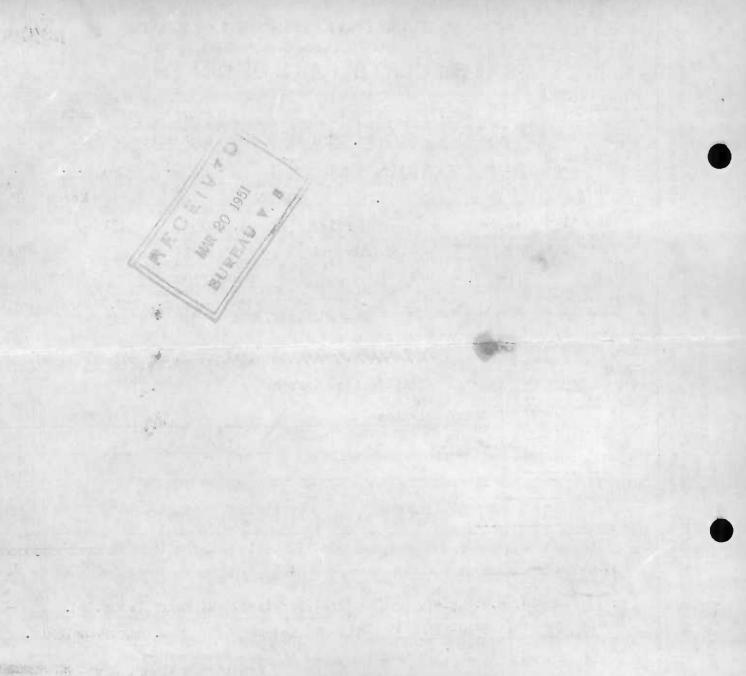
Evidence for change 18 shown on:

#### Evidence for change in MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### RTIFICATE OF DEATH

MNO. G 132 APR 6 1201 CI	ERTIFICAT	E OF L	DEAT	H i	Reg. Dist. 1	vo. 96	
1. PLACE OF DEATH- COUNTY Cecil	MARYLAND	2. USUAL RES	SIDENCE (H	ome) of dec	umb ta	TY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)  Perry Point		CITY (II ou OR TOWN	Washin	te limits, write l	RURAL and	rive nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admini	stration Hospi	STREET ADDRESS	327 L.	Street,	S.E.	Apt. #	12 -
3. NAME OF (First) DECEASED (Type or Print) FRED	(Middle)	(Last) EAVER		4. DATE OF DEATH	(Month) March	(Day) 15	(Year)
Male   Negro   Wil	NGLE, MARRIED, DOWED, DIVORCED, Specify) Married	June 2,	1919	9. AGE last birt	yru. Month		under 24 hre Hours   Min.
done during most of working life, evon if retired) HOW	KIND OF BUSINESS OR USTRY University	G	eorgia	foreign country)		COUNTRY	OF WHAT
13. FATHER'S NAME Fred B. Weaver			Archer				
	Social Security No. 61-14-5917	Hospital	NT AND Record	s, VAH,	Perry P	oint,	Md.
	18. MEDICAL CEI	RTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH					ONSET	AL BETWEEN AND DEATH
Immediate cause (a)/Aé	batata, a/, / Ahte 64	t/1,646/,/ /v/1,	hall Her	oatoma, 1	iver ce	il typ	)e
Discusses of conditional it mays (D)	ute yellow atro	ophy	********	\$	(4	/6/51	акс)
giving rise to the above cause stating the underlying cause last  (c) AC	ites						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							- ) -
19a. DATE OF OPERATION   19b. MAJOR FINDI	NGS OF OPERATION					20. AU	TOPSY?
diese anna diese anna divine spine spine spine spine spine dista-						Yes [	No [
SUICIDE HOMICIDE OF office	ome, farm, factory, street, s bldg., etc.)		(CITY OR TO	OWN)	(COUNT)		TATE)
TIME (Month) (Day) (Year) (Hour) INJU OF INJURY m. Work		HOW DID II	NJURY OCC	UR?			
22. I hereby certify that it attended the dece							
SIGNATUST CONSTRUCTION TO THE SIGNATUST	t death occurred at	ADDRESS	, from the o	causes and or	the date s	stated abo	ove.
E. P. BRANNON, M.D. Chief.	Professional Se	ervices.V	AH. Per	ry Point	. Md.	3_1	6-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 3-16-51	Professional Se NAME OF CEMETER National (				town, or cou	nty)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNARES.	Ann L.		DIRECTOR		Ron	ADDR	ESS
The state of the s	0 1	Penni	ngton &	Jon, Ha	vre de	race	Md.



MARGIN RESERVED FOR BINDING

MARILAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg.	Dist.	No	92
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1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN (in this most of the corporate limits)	CITY (If outside corporate limits, write RURAL and give negrest town) OR TOWN OCH CONTROL OF TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS (WWO HOPWIELL)	ADDRESS & W Lovacue Ore.
3. NAME OF DECEASED A MES ALLEN	VIELLS OF DEATH 3 27 1961
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 12-11-1912  9. AGE last birthday   If under 1 year   If under 24 hrs.     Wonths   Days   Hours   Min.     Min.   Hours   Min.
dored when the property of the formal retifier in the strip of Business on Indiana and the strip of Business on Indiana.	11. BIRTHPLASE (State or foreign country) 12. GITIZBY OF WHAT COUNTRY COUNTRY
13. FATHER'S NAME  Wells.  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME
(Yes, no, or unknown) (If yes, give war or dates of 708-01-7817	margaret Wells.
18. MEDICAL CE	RTIFICATION  INTERVAL BETWEEN ONSET AND DEATE
" DENDADES ON CONDITIONS DINECTED ESABINATIONS AND A	ONSET AND DEATE
8195 Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, (b) Laceure	ed Midney
1700 giving rise to the shove cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, tem, factory, street,	Yes No Z
PRIMARY TO CONTRIBUTING OF CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	n. Side Chestoyeak it Ceno Ind
OF Not while INJURY 3 26 50 pm. While at Not while at work at work	Cento list Concrete Island thewhim
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection of Inquiry, find that said decefrom: natural causes □, accident ★ suicide □, homicide □,	ased died on the day stated above, and death in my oninion resulted
SIGNATURE (Degree or title)	Rigging Sun Ind 3/27-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL, (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REE BY JOCAL REGISTRAR'S SIGNATURE REG. May VS THE Juanu	24. FUNERAL DIRECTOR ADDRESS
Mar V8 311 Jaget	NVVI Asame. I amo bod. Alla.
V	The state of the s



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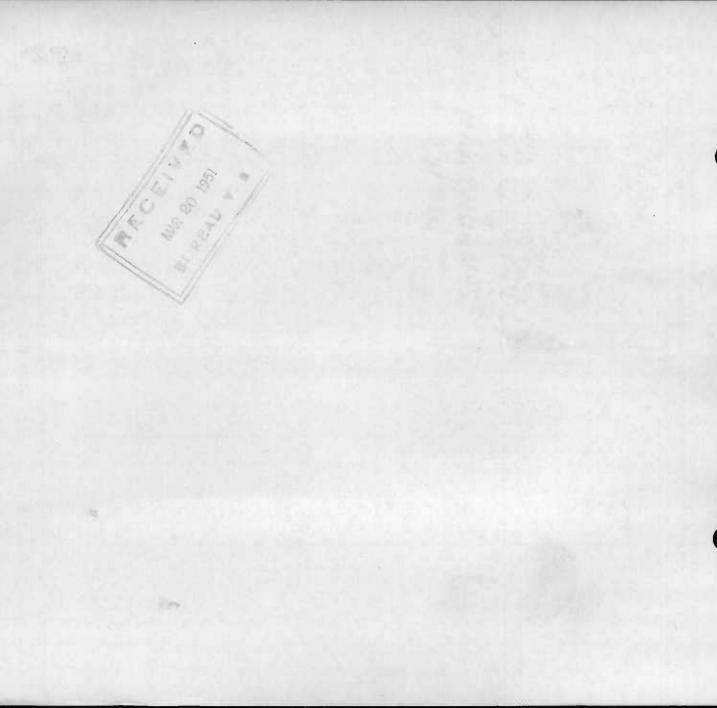
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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02528

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE COUNTY
CITY (If outside perpetate limits, write RURAL and LENGTH OF STAY OR give nearest swan)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN give neares town tou. Attitude son	TOWN SHOWN.
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS
STREET ADDRESS WWW Froguette	ADDICESS
3. NAME OF DECEASED TO (First) (Middle)	A (Bast)   4. DATE (Month) (Day) (Year)
(Type or Print) 5 / LO 4	/Y/AAEN DEATH O 190
6. SEX 6. COLOR ON RACE 7. SINGLE, MARRIED WILDOWED DIVOPED.	8. DATE OF BIRTH 7-13-1928 9. AGE last birthday If under 1 year II under 24 br Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done drains morths working pre-even if retired)	II. BIRTHPLACE (State or foreign country) 12. CHINERY OF WHAT
- Tavo cex. mo great lette	
13. FATHER'S NAME Ford Willen.	14. MODIER'S MAIDEN NAME Hall
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT
service)	Jorg Valeron.
18. MEDICAL CE	ERTIFICATION /
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONGER AND DEAR
Immediate cause (a) Thacke	red Bare of shull.
822. SAntecedent cause(s)	
Diseases or conditions, if any, (b)	
170 c giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No ft
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OF OBSTREE, 1819 OF OBS	Klain Gown RD Ceul MICH
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	MOW DID INJURY OCCUR?
OF INJURY 3 17 60 9 m. While at work at work	Cur uned ore our wood
22. I certify that I took charge of the remains described above, held an	Autopsy . Inspection . Inquiry thereon and from the evidence
obtained by said Autopsy, Inspection of Inquiry, find that said dece	eased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [] suicide [], homicide [],	undetermined [].  ADDRESS
Sold relative and to some	(1) 2-19-61 2-19-61
1 16100000 HAWN 10111 C	Ceanyour Mar. 3 11-01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	CRY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FINERAL DIRECTOR ADDRESS
REG. Mar 19 It Truses	H. W. Pilling for Elpton md.



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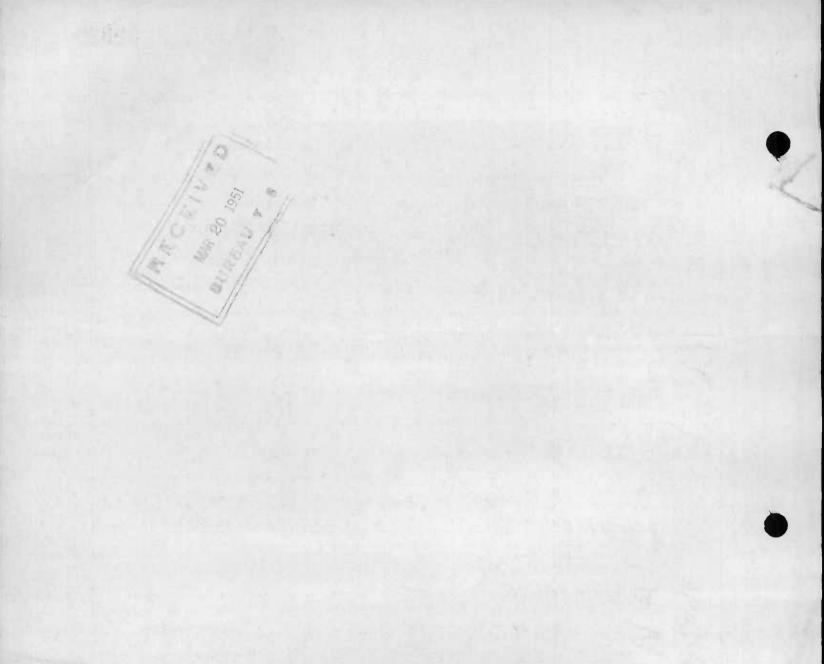
# MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

02529

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF BEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (U, ourside corporate limits, write RURAL and LENGTH OF STAY OR TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest towo)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	_
3. NAME OF DECEASED (First) (Middle) (Middle)	WILLEN DATE (Month) OF DEATH  3	(Day) (Year) 195/
5. SEX COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED,	secural too b, yrs.	Days Hours Min.
done during most supplying life, even if retired)	d shows lean	COUNTY! OF WHAT
13. FARTER'S NAME ford Wellen.	HAORENE Hal	el.
15. WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	i7. INFORMANT	
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	0 0	ONBET AND DEATH
Chille	dface.	
Immediate cause (a)		
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		1)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	COMPLIANT AND MANUAL CONTINUES	Yes No No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg. etc.).  OF DEATH.	19 com 9 sun 120 Cen	e hid.
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED (While at Not while INJURY)	Car terned over lie	1 Concrete
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection of Inquiry, find that said dec	Autopsy , Inspection , Inquiry thereon and	from the evidence
from: natural causes , accident suicide , homicide	, undetermined .	DATE SIGNED
SIGNATURE COCLON KO SINE	Ream gene mil	3-19-51
REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. Mar 19 It I raser	H. W. Pipping Lon Elke	on md,



# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

9	FOR MEDICAL EXAMINERS Reg. Dist. No		
y. The	1. PLACE OF DEATH- COUNTY  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASEDY COUNTY COUNTY  COUNTY  MARYLAND		
efull	CITY (If outside corporate limits, write BURAL and LENGTH OF STAY OR give nearest own)  OR give nearest own COV Republic Cover Town  TOWN  CITY (If outside corporate limits, write RURAL and give nearest own)  TOWN	ve nearest town)	
every item of information carefully e causes of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS WON HOSPITAL STREET ADDRESS WON HOSPITAL ADDRESS HOLLING NO.	de manor	
early s	3. NAME OF DECEASED ROY (First) CAYDE WRIGHT DEATH 3. DATE (Month) OF DEATH	(Dey) (Year) 15 1951	
info ith cl	6. SEX 6. CLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday II under Months (Specify) 12-20-194 3 yrs.		
m of	done during most of vorting life, even if retired) 10b. Kind of Bosiness on 11. BIRTHPLACE (State or Ioreign country) 1 INDUSTRY	2. CITIZEN OF WHAT	
ry ite	13. FATHER'S NAME IN Wright 14. MOTHER'S MAIDEN NAME COX		
y ever	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.   17. INFORMANT (Yes, no, or unleagen)   (If yes, give war or dates of service)	t	
INK. Supply ev	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) 50 % Curturor Surface of	INTERVAL BETWEEN ONSET AND DEATS	
NG IN ans: pl	Immediate cause (a) 50% Centerror Surface of  91% Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause		
ADI	atating the underlying cause last	1	
r. WITH UNFADING	II. O'THER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No P	
	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office New Court, factory, street, COUNTY CAUSE OF DEATH.  PLACE (Home, Jarm, Jactory, street, OF TOWN) CAUSE OF DEATH.  COUNTY COUNTY		
PLAINLY sespecially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work at work of Culled of Phot coffee (	In huiself	
20	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted		
WRITE	from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE (Degree or title) ADDRESS	DATE SIGNED	
- E	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY,   LOCATION (City, town, or coun	3 70 -0 /	
PLEASE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 124 FUNERAL DIRECTOR	ADDRESS	
PL	REG. Mar 18 Il Frager H. M. Poppin Non E	Elblin Ing	

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